



City and Port of Cardiff

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT
1958

W. POWELL PHILLIPS, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health
Principal School Medical Officer
Port Medical Officer*

CITY HALL,
CARDIFF.
Telephone 31033

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COMMITTEES

(As at December, 1958)

Health Committee

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(Alderman A. J. WILLIAMS, J.P.)

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The Members of the HEALTH COMMITTEE with the following co-opted Members :—

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The Members of the HEALTH COMMITTEE :

The Chairman of the CHILDREN COMMITTEE
and the following co-opted Members :—

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Professor A. G. WATKINS

Mrs. R. E. JENKINS
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„	G. A. S. TURNBULL, J.P.	„	D. C. PURNELL
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Co-opted Members

The Rev. F. WALL	Mr. GEORGE E. BROWN
Mrs. JOHN GRIFFIN	The Rev. W. A. WINTON
Professor ERIC EVANS, M.A.	The Rev. GRIFFITH J. HARRIES
Mrs. BEATRICE KENNEDY	Mr. E. TEAR, J.P.
Mrs. C. WEDLAKE	Mr. R. G. ROBINSON, J.P.

PREFACE

I have the honour to present my Annual Report on the health of the City for the year 1958. The Registrar General's estimate of population at mid-1958 was 253,300.

Births.—The registered live births number 4,577, giving a birth rate for the City of 18·07 per 1,000 population. This is a small decrease compared with last year but is higher than the rate for England and Wales, which was 16·4. The infant deaths under one year were 116 producing an infant mortality rate of 25·34, which is somewhat higher than was experienced last year and compares with a National rate of 22·5.

The percentage of Cardiff births and stillbirths occurring in institutions during the year in relation to the total was 60·3 per cent.

During the year there has been growing concern that a number of mothers have been unable to be confined in hospital whereas their home conditions have been far from ideal. There is a demand for maternity accommodation in the City which is, as yet, not satisfied and there is justification for admission on the grounds of social need.

Deaths.—The total number of deaths in Cardiff during the year was 2,777. The crude death rate was 10·96, while the figure for England and Wales was 11·7. This is the lowest death rate which has occurred in the City. A satisfactory feature has been the smaller number of deaths due to lung cancer. Thirty-four fewer died from this type of malignant disease. However, there was a slight rise in the total number of cancer deaths.

Once more the number of deaths attributed to tuberculosis was small, only 24 deaths occurring in the year and of this number 75 per cent were in those over the age of 45 years. The number of deaths arising from pregnancy was three, which is precisely the same number as the previous year.

Epidemiology and Immunisation.—There have been several features during the year which are worthy of note. In the opening months of 1958 there was a form of pneumonia in infancy which gave rise to anxiety and while it lasted the children's wards in the hospitals were considerably engaged. The causal organism was probably a virus, but it was not identified. A close liaison was maintained between the hospital service and the health department while these infants were being admitted.

Sonne Dysentery was troublesome during the months of November and December. We still carry out routine investigations in an attempt to control this illness and both the public health inspectors and the Public Health Laboratory Service were taxed to their utmost.

"Q" Fever is a rare condition in man caused by a virus which was first identified in Australia. During the Autumn there were twelve known cases in Cardiff with three others in adjacent districts. Dr. A. H. Griffith gives an interesting account of this small epidemic as one of the appendices to this Report.

Tuberculosis prevention has been given considerable attention during the year and the details of the work of the department should be of interest. The serial tuberculin testing of both pre-school and school children is undertaken. Endeavour is made to have each child tuberculin tested annually and this has a two-fold aim, (a) to detect possible

sources of infection and (b) to carry out early treatment when this is needed. The routine methods of preventive inoculation against poliomyelitis, diphtheria, whooping-cough and smallpox have been carried out with good results so far as public response is concerned. The number of children being immunised against diphtheria is falling away if we are to judge by the figures given for the country as a whole. Fortunately the parents in Cardiff continue to co-operate well. As an example the immunity index for England is 47·0 compared with 64·9 in this City. The use of the mobile van for immunisation does help to maintain a good response. General practitioners are also doing an increasing amount of prophylaxis.

Only six cases of poliomyelitis occurred during the year, but it would be unfair to attribute this low incidence to the vaccine which has been given. Dr. Geoffrey Ireland has made a statistical assessment of the incidence of this disease according to social class.

Maternity and Child Welfare.—The opening of the clinic in the Llanrumney district is referred to in the text. This will supply a need in this new housing estate with some 20,000 population.

Dr. F. Marie Richards has summarised in this report details of her investigation into factors which may influence the neonatal death rate and stillbirths. This was a joint task which she has undertaken for the local authority health service and the Welsh National School of Medicine.

The health visitors are giving an increased amount of time to discussion groups among expectant mothers. A Physiotherapist attends at clinics throughout the City giving exercises to expectant mothers with the aim of teaching adequate relaxation.

School Health Service.—This would probably be an appropriate point at which to draw attention to the Principal Dental Officer's concern with regard to the increasing amount of dental decay in the pre-school and the school child. The parents especially should devote more attention to the regular care of children's teeth. Too often teeth are only seen when conservative treatment is impossible. Another matter which needs a national policy statement is the subject of fluoridation of water supplies.

Dr. C. W. Anderson has gone into the subject of the use of hearing aids issued to partially deaf children. Parents and children are on the whole co-operative and the teachers find the aids of considerable value.

As an appendix to this Report Dr. Joyce Grant has made a very interesting attempt to assess what amount of health knowledge boys and girls have in Grammar and Secondary Schools. This has been a very worthwhile survey and a more comprehensive investigation, as Dr. Grant rightly points out, may give a pointer to the correct approach to health education for older school-children.

Public Health Inspectorate.—Mr. W. Bate, Chief Public Health Inspector, has been considerably occupied during the year with a major housing scheme in the Docks area. This has come at a time when he is very naturally making a close scrutiny of the whole of the work in those aspects of environmental health which are dealt with by the health inspectorate.

The Veterinary Officer.—Meat inspection is a very necessary part of the work of a health department. During recent years there has been a noteworthy reduction in the amount of bovine tuberculosis revealed at the abattoir. This form of tuberculosis should

soon disappear. Conditions at the abattoir require improvement, but these will have to await a final decision of policy as to whether a new abattoir is to be constructed on another site or the existing buildings be modernised.

The Public Analyst.—Mr. Stanley Dixon is keeping a close watch on the quality of the milk supply and while the fat content shows some improvement in milk samples he considers that the total solids position requires some attention. The average standard of milk is, however, well up to the legal requirements.

The National Health Service Act, 1946, in relation to the Health Department.—The National Health Service Act has been in operation for 10 years and it may be well to consider the co-ordination of the local health authority services with the other sections of the health service.

On the credit side it may be said that in the last 10 years the paediatric needs so far as hospital beds are concerned have diminished. Infectious disease, juvenile rheumatism and ear infections are also much less frequent. The waiting list for nose and throat operations for children has virtually disappeared.

The Infectious Diseases Hospital continues to work in close relationship to the local health services.

On the debit side it may be said that relative to many parts of the country the City is not provided with a sufficient number of maternity beds. Multiple tenancy has always been a problem in this City. There is a high birth rate in Cardiff. Social problems therefore become a factor of considerable importance in deciding whether or not a particular mother should be confined in hospital. With the existing number of beds this cannot be achieved in many cases of need.

The Problem of the Ageing.—Apart from the attention given to elderly people through the authority's normal services, e.g. home help, home nursing, etc., there has been an appreciable addition in the last year or more either by the efforts of voluntary bodies themselves working independently, or by effective schemes of co-operation between the voluntary society and the authority.

For some time now the needs of aged people have been met (through the domestic help service) only after a keen assessment of the minimum assistance required, and an astute distribution of the total available time provided by the part-time and casually employed home helps. This proved so utterly inadequate that one of the voluntary bodies (the W.V.S.) undertook, as far back as the year 1953, to supply what have been termed "home aides". This scheme was described in the Annual Report for 1953 and has proved to be a considerable help for those whose requirements could be met in this way. There is no doubt that the greatest pressure on the authority's domestic help service comes from the needs of the elderly population and that their needs are increasing every day, with the result that the authority is faced at every budgeting period with the problem of increasing the financial allocation for an expanded service.

The lives of elderly folk are not only made easier by help in their housework problems, but in many other ways, such as receiving visitors of the sick, visits to relieve loneliness, or assistance in changing library books, in writing letters and in shopping. In Cardiff these needs are met by the Voluntary Societies as a result of a co-ordinating conference called to attempt to link up the voluntary societies who had services to offer with those

who needed them. Following a comprehensive questionnaire on the subject sent out from the office of the Medical Officer of Health, a very successful arrangement has been made with the British Red Cross Society whereby the names and addresses of those needing a service are passed on for distribution to the voluntary visitors. A similar service is available through the W.V.S. Knowledge as to the families requiring the services comes through the officers of the Public Health Department whose work takes them into the homes, and also by following up information sent to the department by Area Officers of the National Assistance Board.

All district health visitors are responsible for visiting the elderly in their districts. Because of the increasing demands of those people, one of the assistant medical officers on the staff has been put in charge of the detailed arrangements for the effective co-operation between the general practitioner, the hospital services, the welfare authority and the local health authority in the interests of all elderly, infirm and chronic sick people in their own homes, as well as of handicapped persons on the Welfare Authority's register. At the same time a health visitor has been allocated to this specialised work and devotes the whole of her time to the problems of, and well-being of elderly people. This double-tier official interest in the problem ensures the fullest possible assistance from all sources and when added to the voluntary schemes already in operation by way of old peoples' clubs and other welfare organisations (W.V.S. etc.) provides a considerable amount of care for those who are willing to accept.

In conclusion my thanks are especially due to all of my colleagues in the Department, each of whom has contributed his or her share in the health services which have been reviewed.

W. POWELL PHILLIPS

Public Health Department,
City Hall, Cardiff.

Publications

(a) *By individual Members of the Staff.*

"Tuberculosis in Relation to Public Health" by W. Powell Phillips, O.B.E., M.R.C.S., L.R.C.P., D.P.H. *The British Journal of Clinical Practice*, Volume 12. November, 1958.

(b) *Associated with the Department's activities.*

"Assessment of the Relative Importance of the Allergic, Infective and Psychological Factors in Asthma" by D. A. Williams (Physician), E. Lewis-Faning (Statistician), Linford Rees (Psychiatrist), J. Jacobs (Paediatrician), Alun Thomas (Ear, Nose and Throat Specialist), with the help of two Health Visitors, Miss F. H. Jones and Miss R. A. F. Jones. *Acta allergologica*, 1958, XII, 376-395.

"Recurrent Attacks of Acute Rheumatism in School Children" by R. A. N. Hitchens, *Annals of the Rheumatic Diseases* (1958), 17, 293 (Presents information relating to recurrent episodes of acute rheumatism observed in Cardiff School-children during the years 1931-1950).

"Juvenile Delinquency in Problem Families in Cardiff" by Harriett C. Wilson. *British Journal of Delinquency*, Volume IX., No. 2 (Use of records).

PUBLIC HEALTH DEPARTMENT STAFF (as at 31st December, 1958)

MEDICAL OFFICER OF HEALTH (CITY AND PORT) AND PRINCIPAL SCHOOL MEDICAL OFFICER

W. POWELL PHILLIPS, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

CECIL W. ANDERSON, M.B., CH.B., D.P.H., T.D.D.

SENIOR MEDICAL OFFICERS

A. H. GRIFFITH, M.B., B.S., D.P.H.

NANCY K. GIBBS, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS (Whole-time)

JEAN W. SMELLIE, M.B., CH.B., D.P.H.

ANNE GUY, B.SC., M.B., B.S., D.C.H., D.P.H.

G. EDWARD PHILLIPS, M.R.C.S., L.R.C.P., D.P.H.

ENID CURRAN, M.B., B.CH., D.C.H.

N. FRANK, M.B., D.P.H., D.T.M.

DOUGLAS HARRETT, M.B., B.CH., D.P.H.

GEOFFREY IRELAND, M.B., B.CH., D.P.H.

Eight Part-time Assistant Medical Officers

VISITING SPECIALIST MEDICAL OFFICERS

RUPERT PARRY, M.D., B.S., F.R.C.S., Ophthalmic Surgeon

HECTOR A. THOMAS, F.R.C.S., Aural Surgeon

Professor A. G. WATKINS, M.D., F.R.C.P., Professor of Child Health

S. H. GRAHAM, M.D., Chest Physician

DENTAL

Principal School Dental Officer—H. V. NEWCOMBE, L.D.S.

Dental Officers

D. W. ELLIOT, L.D.S.

J. McFARLANE, L.D.S., L.R.C.P. & S., F.D.S. (HON.)

C. N. HOWITT, L.D.S.

D. J. ANDREWS, L.D.S.

J. W. LEWIS, L.D.S.

Four Part-time Dentists. Eight Dental Clerk-Attendants.

NURSING AND MIDWIFERY

Superintendent Health Visitor—Miss N. M. OSMOND

One Deputy Superintendent.

Fifty-two Health Visitors.

Two State Registered Nurses.

Non-Medical Supervisor of Midwives—Miss M. BUCKLEY

Sixteen Municipal Midwives.

SANITARY ADMINISTRATION

Chief Public Health Inspector (Urban)—W. BATE, M.A., D.P.A.

One Deputy Chief Public Health Inspector; Eighteen Public Health Inspectors; One Lady Visitor for Housing Estates; One Rodent Officer

Chief Port Health Inspector—T. G. NEWBY

Two Assistant Port Health Inspectors; One Deratisation Officer

VETERINARY, MEAT INSPECTION AND ABATTOIR

Veterinary Officer and Chief Meat Inspector

J. H. M. HUGHES, M.R.C.V.S., D.V.S.M.

Four Meat Inspectors ; One Additional Inspector, Diseases of Animals Acts ; One Abattoir Manager.

PUBLIC ANALYST'S LABORATORY

Public Analyst—S. DIXON, M.Sc., F.R.I.C.

One Senior Assistant Chemist ; Three Assistant Chemists ; One Laboratory Technician

ADMINISTRATION, ETC

Chief Administrative Assistant—A. E. BRAIN

Administrative Officers—Mental Health and Finance—W. C. SWEETLAND

Maternity, Child Welfare and School Health—P. H. WILLIAMS, F.C.C.S.

Administrative and Clerical Assistants—General, Finance, Maternity and Child Welfare, etc.—29

Sanitary Administration—4

School Health Service—16

Others—3

Ambulance Officer, Domestic Help Organiser, Public Relations Officer, Duly Authorised Officers—3 ;
Senior Supervisor, Occupation and Training Centres, Orthoptists (Single-handed)—3 ; Speech
Therapists—3.

GENERAL HEALTH SERVICE

1—SUMMARY OF GENERAL AND VITAL STATISTICS

Area (acres) :—

Including inland water and foreshore	..	..	..	18,066
Including inland water (excluding foreshore)	..	..	..	15,271
Excluding inland water	..	..	..	14,867

Population :—

Census, 1951	..	..	..	..	..	243,632
Registrar-General's estimate, mid-1958	..	..	..	..	..	253,300
Number of persons per acre	..	..	..	..	..	17.04
Estimated number of inhabited houses	..	..	..	..	..	65,742
Estimated number of inhabited houses per acre	..	..	..	..	..	4.42
Estimated average number of persons per occupied house	..	..	..	..	..	3.85
Rateable Value, 1/4/59	..	..	..	..	..	£4,350,317
Estimated product of a penny rate	..	..	..	..	..	£17,250
Live Births	..	4,577.	Birth-rate per 1,000	{ Crude	..	18.07
				{ Adjusted by A.C.F.	..	16.99
Deaths	..	2,777.	Death-rate per 1,000	{ Crude	..	10.96
				{ Adjusted by A.C.F.	..	12.27
Excess of births over deaths—Males, 982 ; Females, 818. Total	..			..	..	1,800
Deaths under one year	.	116.	Death rate per 1,000 live births			25.34
Deaths under one month	..	84.	Death rate per 1,000 live births	..	..	18.35

*Death-rate per
1,000 Total Births*

Deaths arising from Pregnancy, Childbirth, or Abortion 3 0.64

Deaths from various causes :—

				<i>Number</i>	<i>Death-rate per 1,000 population</i>
Meningococcal infections	..	..	..	3	0.012
Typhoid fever	..	..	..	—	—
Measles	..	..	..	1	0.004
Scarlet fever	..	..	..	—	—
Whooping cough	..	..	..	—	—
Diphtheria	..	..	..	—	—
Tuberculosis of respiratory system	..	..	..	24	0.095
Other forms of tuberculosis	..	..	..	3	0.012
Cancer, all forms, including leukaemia	..	..	..	499	1.97
Influenza	..	..	..	6	0.024
Acute poliomyelitis	..	..	..	1	0.004
Enteritis and diarrhoea (under 2 years)	..	..	..	1	0.004
“ “ “ “		
				<i>per 1,000 live births</i>	0.22

II—AREA AND POPULATION

The area of Cardiff (land and inland water but excluding foreshore) is 15,271 acres.

According to the Census of 1951, the population of Cardiff was 243,632 (males 115,468, females 128,164).

The population at mid-1958, as estimated by the Registrar-General, was 253,300 and it is on this figure that the vital statistics for 1958 are computed.

III—BIRTHS

The numbers of Births and Still-births registered and allocated to Cardiff during 1958 sub-divided according to sex and legitimacy, are shown in Table I.

Live-births and crude rates per 1,000 population are compared with the England and Wales figures for past years in Table II.

Still-birth statistics and illegitimate birth figures are shown in Tables III and IV respectively.

Table I Live Births

	Legitimate	Illegitimate	Total
Males	2,277	128	2,405
Females	2,070	102	2,172
TOTAL ..	4,347	230	4,577

Still Births

	Legitimate	Illegitimate	Total
Males	55	2	57
Females	37	4	41
TOTAL ..	92	6	98

Table II Live Births

Year	Population	Legitimate Births	Illegitimate Births	Total	Birth Rate	England & Wales Birth Rate
1948 ..	240,600	4,666	209	4,875	20·3	17·8
1949 ..	243,500	4,544	216	4,760	19·56	16·7
1950 ..	244,600	4,204	204	4,408	18·02	15·8
1951 ..	243,627	4,142	185	4,327	17·77	15·4
1952 ..	244,800	4,140	211	4,351	17·77	15·3
1953 ..	246,600	4,216	205	4,421	17·93	15·4
1954 ..	248,000	4,280	212	4,492	18·11	15·2
1955 ..	248,400	3,985	202	4,187	16·85	15·0
1956 ..	249,800	4,251	216	4,467	17·88	15·7
1957 ..	251,300	4,361	234	4,595	18·28	16·6
1958 ..	253,300	4,347	230	4,577	18·07	16·4

Table III

Still Births

Year	Legitimate	Illegitimate	Total	Rate per 1,000 total births		Rate per 1,000 population	
				Cardiff	England & Wales	Cardiff	England & Wales
1948	129	4	133	26	23	0.55	0.42
1949	130	9	139	28	23	0.57	0.39
1950	104	9	113	25	23	0.46	0.37
1951	120	7	127	29	23	0.52	0.36
1952	103	9	112	28	23	0.46	0.35
1953	99	—	99	22	22	0.40	0.35
1954	110	7	117	25	23	0.47	0.36
1955	122	8	130	30	23	0.50	0.35
1956	113	5	118	25.7	23	0.47	0.37
1957	93	7	100	21.3	22.6	0.40	0.37
1958	92	6	98	20.9	21.6	0.39	0.36

Table IV

Illegitimate Births

Year	Live	Still	Total	Rate per 1,000 total births		Rate per 1,000 population	
				Cardiff	England & Wales	Cardiff	England & Wales
1948	209	4	213	43	54	0.89	0.99
1949	216	9	225	46	51	0.92	0.87
1950	204	9	213	47	51	0.87	0.82
1951	185	7	192	43	49	0.79	0.75
1952	211	9	220	49	49	0.90	0.76
1953	205	—	205	45	48	0.83	0.74
1954	212	7	219	48	47	0.88	0.71
1955	202	8	209	48	48	0.84	0.70
1956	216	5	221	48	48	0.86	0.75
1957	234	7	241	51	47	0.96	0.77
1958	230	6	236	50	—	0.93	—

IV—DEATHS

Deaths from all Causes.—The total number of deaths from all causes and at all ages registered during the year and allocated to Cardiff was 2,777 (1,423 males and 1,354 females). The total number of deaths registered in Cardiff was 2,931, but 482 of these were deaths of non-residents, which occurred mainly in hospitals and nursing homes, and 328 deaths of residents of Cardiff occurred and were registered in other areas. Allowance has been made for these outward and inward transferable deaths in arriving at the net number.

The following is a comparison of the death-rate for 1958, and the preceding ten years with the death-rates for England and Wales for the same period.

Year	Deaths	Crude Death Rate	England & Wales Death Rate
1948	2,667	11.1	11.0
1949	2,784	11.44	11.8
1950	2,837	11.59	11.6
1951	3,182	13.07	12.5
1952	2,724	11.13	11.3
1953	2,774	11.25	11.4
1954	2,872	11.58	11.3
1955	2,830	11.39	11.7
1956	2,809	11.24	11.7
1957	2,798	11.13	11.5
1958	2,777	10.96	11.7

Cancer.—The number of deaths from malignant neoplasms was 485 (243 males and 242 females). The deaths are classified according to age and localisation of the disease in the Table on page 6. The total cancer deaths excluding leukaemia and aleukaemia for the previous ten years are shown below.

Year	No. of Deaths			Death Rates		
	Males	Females	Total	Males	Females	Total
1948	244	219	463	2·19	1·69	1·92
1949	265	205	470	2·23	1·59	1·93
1950	243	229	472	2·11	1·76	1·93
1951	256	243	499	2·20	1·90	2·05
1952	253	229	482	2·17	1·78	1·97
1953	278	305	483	2·37	1·58	1·97
1954	261	244	505	2·20	1·89	2·04
1955	270	228	498	2·27	1·76	2·00
1956	277	233	510	2·31	1·79	2·04
1957	279	193	472	2·32	1·47	1·88
1958	243	242	485	2·02	1·83	1·91

Deaths from Motor Vehicle Accidents.—The number of deaths due to road traffic accidents, recorded in the year was 26 (18 males and 8 females), as compared with 41 deaths during 1957 and with an average of 26 for the preceding ten years (1957-1948).

Other Accidents.—Other accidents due to violence totalled 73 (39 males and 34 females) and of that number 36 were under 65 years of age—23 of them under 45 years. Home accidents accounted for 33 deaths.

Accidents in the Home.—Of the 33 accidents in the home, 23 concerned persons over 65 years of age, 17 of these being over 80 years of age. Causes of the home accidents were, as regards the adults, recumbency following falls 24 ; burns 3 ; coal gas poisoning 1 ; and pulling wardrobe over, 1. A girl of 6 years of age received fatal burns through her dress becoming ignited by contact with an open coal fire. Of the 3 children under 5 years of age, 2 were under 1 year ; 1 aged 9 months was drowned in her bath during her mother's absence to fetch her pyjamas, and in respect of the other child, aged under 1 day, the cause was attributed to lack of care of the newborn. The other child aged 23 months, was electrocuted through catching hold of a pear-shaped switch.

Accidents other than in the Home.—These accidents occurred mainly in work. Other causes were as follows :—Drowning, 8 persons ; falls, 5 persons. One boy of 13 years died through multiple injuries caused by falling down a cliff, and a man of 35 years received multiple injuries through jumping on a moving train.

Maternal Mortality.—During the year there were 3 deaths arising from pregnancy, the causes of death being :—

1. 1a Septicaemia.
b Spontaneous septic abortion—Post mortem without inquest.
 2. 1a Haemorrhage.
b Placenta accreta—Post mortem without inquest.
 3. 1a Cardiac failure.
b Mitral stenosis.
- II Pregnancy.

The 3 deaths occurred in hospital.

Infant Mortality.—The number of deaths under 1 year was 116. Of these 110 were legitimate and 6 illegitimate. Sixty-eight deaths occurred of infants under 1 week and when the 98 still-births are added, we have a peri-natal mortality rate of 35·51. The neo-natal deaths number 84, being 72 per cent of the total infant deaths. The infant deaths causing greatest concern are, pneumonia 20 deaths, post-natal asphyxia and atelectasis 33 deaths, prematurity 11 deaths, congenital malformations 23 deaths and birth injuries, 7 deaths.

The table below compares the infant mortality rate with the preceding 10 years and with the rates for England and Wales.

Year	Infant Deaths			Neonatal Deaths			Still Births		
	No.	Rate per		No.	Rate per		No.	Rate per	
		1,000 Live Births	C'diff. E. & W.		1,000 Live Births	C'diff. E. & W.		1,000 Total Births	C'diff. E. & W.
1948	176	36·0	33·9	88	18·1	19·7	133	26	23·2
1949	149	31·0	32·4	81	17·0	19·3	139	28	22·7
1950	121	27·0	29·6	74	16·8	18·5	113	25	22·6
1951	140	32·0	29·7	82	18·9	18·8	127	29	23·0
1952	124	28·0	27·6	79	18·1	18·3	112	28	22·7
1953	119	27·0	26·8	70	15·8	17·7	99	22	22·4
1954	153	34·0	25·4	98	21·9	17·7	117	25	23·5
1955	139	33·21	24·9	81	19·1	17·3	130	30	23·1
1956	124	27·76	23·8	85	19·03	16·9	118	25·7	22·9
1957	104	22·85	22·9	78	16·97	16·5	100	21·3	22·4
1958	116	25·34	22·5	84	18·35	16·2	98	20·96	21·6

The causes of death of infants under one year of age in age periods during 1958 (compiled from figures supplied by the Registrar-General) are shown in the following table :

Causes of Death	Under 1 wk.	1—2 wks.	2—3 wks.	3—4 wks.	Total under 4 wks.	4 wks.—3 mths.	3—6 mths.	6—9 mths.	9—12 mths.	Total
Meningococcal Infection ..	—	—	—	—	—	2	—	—	—	2
Other Infective and Parasitic Diseases ..	1	—	—	—	1	—	1	—	—	2
Haemorrhagic Conditions ..	1	—	—	—	1	—	—	—	—	1
Inflammatory Diseases of Central Nervous System ..	—	—	—	1	1	—	—	—	—	1
Pneumonia	4	—	3	2	9	7	2	1	1	20
Bronchitis	—	—	—	—	—	2	—	—	—	2
Gastro enteritis	—	—	—	—	—	1	1	—	—	2
Spina Bifida and Meningocele	—	—	1	1	2	2	—	—	—	4
Congenital Hydrocephalus ..	—	1	—	—	1	1	—	1	—	3
Congenital Malformation of Heart	2	—	1	1	4	2	1	1	—	8
Other Congenital Malformations	7	—	—	—	7	1	—	—	—	8
Injury at Birth	5	2	—	—	7	—	—	—	—	7
Post-natal Asphyxia and Atelectasis	32	1	—	—	33	—	—	—	—	33
Haemolytic disease of newborn	2	—	—	—	2	—	—	—	—	2
Immaturity	9	2	—	—	11	—	—	—	—	11
Lack of care of newborn ..	1	—	—	—	1	—	—	—	—	1
Other accidents	—	—	—	—	—	—	—	—	1	1
All other causes	4	—	—	—	4	2	—	2	—	8
All causes	68	6	5	5	84	20	5	5	2	116
Percentage	58·6	5·2	4·3	4·3	72·4	17·3	4·3	4·3	1·7	100

The following table, compiled from figures supplied by the Registrar-General, shows the causes of death at various ages during 1958 :—

CAUSES OF DEATH	ALL AGES			AGE GROUPS								
	M.	F.		Under 1 yr.	1-2 yrs.	2-5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75 and over
1. Tuberculosis of Respiratory System ..	15	9	24	—	—	—	—	—	6	7	8	3
2. Other forms of Tuberculosis ..	1	2	3	—	—	—	—	1	—	1	1	—
3. Syphilitic Disease ..	6	2	8	—	—	—	—	—	1	4	2	1
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection ..	2	1	3	2	—	—	1	—	—	—	—	—
7. Acute Poliomyelitis ..	—	1	1	—	—	—	—	—	1	—	—	—
8. Measles ..	—	1	1	—	1	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	2	1	3	2	—	—	—	—	—	—	1	—
10. Malignant Neoplasm—												
Stomach ..	53	50	103	—	—	—	—	—	5	34	37	27
Lung, Bronchus ..	81	4	85	—	—	—	—	—	1	39	31	14
12. Breast ..	1	41	42	—	—	—	—	—	6	17	10	9
13. Uterus ..	—	26	26	—	—	—	—	—	7	11	5	3
14. Other Malignant and Lymphatic Neoplasm ..	108	121	229	—	—	—	1	—	9	91	63	65
15. Leukaemia, Aleukaemia ..	10	4	14	—	—	2	1	—	1	7	1	2
16. Diabetes ..	4	7	11	—	—	—	—	—	—	2	6	3
17. Vascular Lesions of the Nervous System ..	156	218	374	1	—	—	—	1	8	63	89	212
18. Coronary Disease, Angina ..	351	236	587	—	—	—	—	—	13	172	222	180
19. Hypertension with Heart Disease ..	30	34	64	—	—	—	—	—	1	15	23	25
20. Other Heart Diseases ..	86	173	259	—	—	—	—	—	14	34	48	163
21. Other Circulatory Diseases ..	77	73	150	—	—	—	1	—	2	23	30	94
22. Influenza ..	1	5	6	—	—	—	—	1	1	1	2	1
23. Pneumonia ..	58	53	111	20	1	3	—	—	1	13	23	50
24. Bronchitis ..	116	51	167	2	—	1	—	2	3	35	55	69
25. Other Respiratory Diseases ..	15	8	23	—	—	—	—	—	2	6	10	5
26. Ulceration of the Stomach or Duodenum ..	15	9	24	—	—	—	—	—	2	6	9	7
27. Gastritis, Enteritis, Diarrhoea ..	6	8	14	2	—	—	2	—	—	1	2	7
28. Nephritis and Nephrosis ..	11	7	18	1	—	—	—	1	3	4	5	4
29. Hyperlasia of the Prostate ..	22	—	22	—	—	—	—	—	—	2	4	16
30. Pregnancy, Childbirth ..	—	3	3	—	—	—	—	—	3	—	—	—
31. Congenital Malformations ..	16	13	29	23	1	2	—	1	1	1	—	—
32. Other Defined and Ill-defined Diseases ..	105	140	245	61	3	1	2	2	13	42	52	69
33. Motor Vehicle Accidents ..	18	8	26	—	—	—	—	6	5	11	1	3
34. All Other Accidents ..	39	34	73	2	1	—	2	3	15	13	7	30
35. Suicide ..	17	11	28	—	—	—	—	—	6	15	6	1
36. Homicide and Operations of War ..	1	—	1	—	—	—	—	—	—	—	—	1
All causes ..	1,423	1,354	2,777	116	7	9	10	18	130	670	753	1,064
Percentages of Total Deaths				4.1	2	.3	.4	.7	4.7	24.1	27.2	38.3

TABLE SHOWING POPULATION, BIRTH-RATES, DEATH-RATES, INFANT AND MATERNAL MORTALITY RATES, ETC., OF A NUMBER OF THE LARGER AUTHORITIES FOR 1958.

Name of Authority	England and Wales	Birmingham	Bradford	Bristol	Cardiff	Kingston- upon-Hull	Leeds	Leicester	Liverpool	Manchester	Newcastle- upon-Tyne	Nottingham
Registrar General's estimated population for 1958 ..	45,109,000	1,095,000	287,800	438,000	253,300	301,100	511,600	277,700	762,400	676,900	272,400	313,000
Comparability factor—												
(a) Births	—	0·95	1·00	1·00	0·94	0·96	0·98	1·01	0·93	0·96	0·97	0·96
(b) Deaths	—	1·10	0·97	0·93	1·12	1·24	1·13	1·03	1·22	1·17	1·13	1·14
Crude birth rate per 1,000 population	16·4	17·6	17·75	15·93	18·07	19·1	16·4	15·99	20·54	18·22	18·61	17·82
Birth rate as adjusted by factor	—	16·73	17·75	15·93	16·99	18·3	16·1	16·15	19·10	17·49	18·05	17·11
Crude death rate per 1,000 population	11·7	11·0	13·88	11·93	10·96	11·0	11·6	12·00	11·71	12·70	12·51	10·93
Death rate as adjusted by factor	—	12·13	13·46	11·09	12·27	13·7	13·1	12·36	14·29	14·86	14·14	12·46
Infant mortality rate per 1,000 live births	22·5	25·05	30·27	20·64	25·34	24·2	26·0	25·45	27·71	25·62	24·86	22·05
Neonatal mortality rate per 1,000 live births	16·2	16·23	18·64	14·47	18·35	17·06	18·1	18·47	18·19	19·21	16·77	15·40
Stillbirth rate per 1,000 total births	21·6	21·96	23·68	17·18	20·96	23·6	23·5	21·38	25·69	25·44	21·81	22·95
Perinatal mortality rate per 1,000 total births	—	37·84	37·70	29·01	35·51	36·37	38·7	35·93	41·43	42·11	34·54	34·53
Maternal mortality rate per 1,000 total births	0·43	0·41	0·39	0·28	0·64	1·04	0·82	0·22	0·25	0·63	0·386	1·05
Tuberculosis rates per 1,000 population												
(a) Primary notifications—												
Respiratory	—	0·84	0·80	0·62	1·05	0·61	0·63	0·60	1·043	0·78	1·09	1·026
Non-respiratory	—	0·10	0·11	0·08	0·08	0·05	0·04	0·061	0·103	0·10	0·17	0·077
(b) Deaths—Respiratory	0·089	0·13	0·097	0·08	0·095	0·11	0·11	0·072	0·143	0·10	0·11	0·156
Non-respiratory	0·011	0·01	0·024	0·02	0·012	0·02	0·004	0·018	0·009	0·02	0·007	0·016
Death rates per 1,000 population from—												
Cancer (all forms including Leukaemia and Aleukaemia)	2·124	2·10	2·32	2·08	1·97	2·16	2·08	2·23	2·15	2·19	2·44	1·955
Cancer of Lungs and Bronchus	0·439	0·48	0·52	0·47	0·34	0·48	0·53	0·44	0·52	0·53	0·62	0·460
Meningococcal infections	—	0·01	0·00	—	0·012	0·003	0·004	0·011	0·004	0·003	0·011	0·006
Whooping Cough	—	—	0·00	—	—	—	0·002	—	—	0·001	—	—
Influenza	—	0·04	0·017	0·05	0·024	0·07	0·02	·025	0·017	0·07	0·77	0·102
Measles	—	—	0·00	—	0·004	0·003	—	—	0·003	0·004	—	0·006
Acute Poliomyelitis and Encephalitis	—	0·01	0·00	—	0·004	0·003	0·006	0·0036	0·003	0·006	—	0·003
Diarrhoea (under 2 years)	—	0·01	0·020	0·004	0·004	0·003	0·004	0·0072	0·02	0·01	0·0037	0·003
Diarrhoea (under 2 years) (per 1,000 live births)	—	0·41	1·203	0·29	0·22	0·17	0·24	0·450	1·08	0·49	0·197	0·179

The summary compiled by the Medical Officer of Health of Liverpool is printed here with his permission, with a column added for England and Wales.

V—NOTIFIABLE DISEASES

Foreword

The incidence of notifiable diseases, compared with that of the previous eight years is shown in the following table :—

Disease	1958	1957	1956	1955	1954	1953	1952	1951	1950	Notified cases admitted to City Isolation Hospital 1958
Scarlet Fever ..	351	173	290	176	203	336	334	184	289	17
Whooping Cough ..	105	587	570	112	467	1,070	408	1,267	877	3
Diphtheria ..	—	—	1	—	—	—	—	—	—	—
Measles ..	980	4,816	122	6,869	33	1,837	2,625	3,116	2,699	21
Acute Pneumonia ..	329	348	242	265	191	282	182	262	185	31
Meningococcal Infection	6	7	7	14	15	10	6	16	9	2
Paralytic Acute Polio- myelitis ..	4	12	4	14	12	7	19	2	11	4
Non-Paralytic Acute Poliomyelitis ..	2	1	13	24	5	23	8	13	4	1
Acute Encephalitis (Infective) ..	—	—	3	1	—	—	—	—	—	—
Acute Encephalitis (post infectious) ..	—	—	2	2	3	1	1	1	1	—
Dysentery ..	639	23	115	296	228	22	235	237	248	71
Ophthalmia Neonata- torum ..	50	4	7	16	14	8	2	8	22	—
Puerperal Pyrexia ..	57	51	174	111	155	137	114	76	46	—
Para-Typhoid Fever ..	—	—	1	8	89	2	50	2	2	—
Typhoid Fever ..	—	—	—	1	1	—	—	—	—	—
Food Poisoning ..	38	13	27	47	21	29	26	15	69	11
Erysipelas ..	49	31	48	37	35	51	42	50	64	4
Malaria ..	—	1	1	3	2	4	5	2	2	—

Comments on the Prevalence and Control of Infectious Diseases

Scarlet Fever.—There were 351 notifications, twice the number in the preceding year, and also higher than the average over a number of years. The sex distribution was 193 males and 158 females. Only 17 patients were removed to the Isolation Hospital. There were no deaths.

Whooping Cough.—During the year, only 105 cases of Whooping Cough were notified, the lowest figure ever recorded. Of these three were admitted to the Isolation Hospital. There were no deaths. Further details on whooping cough are discussed in the section on immunisation.

Notifications of Whooping Cough by age and sex, 1949-1958

Year	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15 yrs. and over		Total Sexes		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1949	51	43	50	66	68	87	64	66	52	53	111	90	4	7	1	3	401	415	816
1950	59	52	57	51	64	73	70	87	60	98	83	108	2	3	4	6	399	478	877
1951	79	65	90	86	105	92	106	123	118	99	127	138	3	7	6	23	634	633	1,267
1952	25	30	21	25	36	35	36	25	28	29	58	54	1	2	1	2	206	202	408
1953	72	45	68	54	73	67	63	71	79	99	160	206	1	4	1	7	517	553	1,070
1954	25	33	25	19	34	38	22	36	31	36	77	85	1	2	—	3	215	252	467
1955	6	13	3	6	9	12	6	11	5	10	13	16	1	—	—	1	43	69	112
1956	30	41	16	15	30	28	33	35	41	40	122	121	6	9	—	3	278	292	570
1957	34	44	19	29	25	33	33	31	36	40	123	111	8	10	1	10	279	308	587
1958	10	9	6	9	2	10	6	7	9	5	10	20	1	—	—	1	44	61	105

The percentage of the total cases in age groups up to 10 years is illustrated by the following table :—

Percentage of total cases shown in Age Groups, 1949-1958

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years
	%	%	%	%	%	%
1949	11.4	14.2	19.0	16.0	12.8	24.6
1950	12.6	12.3	15.6	17.9	18.0	12.2
1951	11.3	13.1	15.5	18.0	17.3	20.9
1952	13.5	11.3	17.4	14.9	14.0	27.4
1953	10.9	11.4	13.9	12.5	16.6	34.2
1954	12.4	9.4	15.5	12.4	14.3	35.3
1955	16.9	8.0	18.8	15.2	13.4	25.9
1956	10.7	5.4	10.2	12.0	14.2	42.6
1957	13.7	8.2	9.9	10.9	12.9	39.9
1958	18.1	14.3	11.4	12.4	13.3	28.6

Diphtheria

There were no cases during the year.

Measles.—The number of cases of measles notified during the period was 980. During the year 21 cases were admitted to the Isolation Hospital. There was one death.

The cases notified for the past five years are :—

1954—33 ; 1955—6,869 ; 1956—122 ; 1957—4,816 ; 1958—980.

Pneumonia.—The notified cases totalled 329. Thirty-one of the notified cases were removed to the Isolation Hospital ; many more were admitted to general hospitals in and around Cardiff. Deaths cannot be correlated with the notifications because the Registrar General's heading " Pneumonia " covers deaths from all types of pneumonia.

The age and sex distribution of the cases for 1958 are shown below :—

0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-20 years	20-45 years	45-65 years	65 yrs. & over	Total Sexes	Grand Total
M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	
3 10	4 3	3 3	3 4	2 3	21 16	5 7	33 35	52 43	36 37	165 164	329

The cases notified for the past five years are :—

1954—191 ; 1955—265 ; 1956—242 ; 1957—348 ; 1958—329.

A serious outbreak of broncho-pneumonia in infants which occurred in the last few weeks of 1957 and continued during the early part of 1958, is referred to in the Preface to this Report.

Meningococcal Infection.—Six cases were notified during the year. Of these, two were admitted to the Isolation Hospital. There were three deaths.

The age and sex distribution of the cases were as follows :—

0-1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-20 years		20-45 years		45-65 years		65 yrs. & over		Total Sexes		Grand Total
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1	—	1	—	—	—	—	—	—	—	2	—	1	1	—	—	—	—	—	—	3	3	6

The number of cases for the past 5 years was as follows :—

1954—15 ; 1955—14 ; 1956—7 ; 1957—7 ; 1958—6.

Acute Poliomyelitis (Paralytic and Non-paralytic).—The number of cases occurring in the City was six. This was below the average for the past five years. Four were of the paralytic type and two were non-paralytic.

The number of cases and dates when they occurred are set out in the table below :—

		WEEK ENDING					
		Aug. 9	Sept. 6	Oct. 11	Oct. 18	Nov. 15	Total
Paralytic	..	1	—	1	2	—	4
Non-Paralytic	..	—	1	—	—	1	2

All the cases were fully investigated and there appeared to be no connection with any known cases.

The age and sex distribution of the cases were as follows :—

			2-3 years		3-4 years		25-34 years		35-45 years		All Ages		
											Total		
			M	F	M	F	M	F	M	F	M	F	
Paralytic	—	1	—	—	1	—	1	1	2	2	4
Non-paralytic	—	—	1	—	—	1	—	—	1	1	2

The sites of paralysis in the four cases notified as Paralytic were as follows :—

Left leg—2 ; Left arm—1 ; Polio Encephalitis—1 ; Right Deltoid region—1.

There was one death—the victim being a married woman aged 35 years. The cause of death was Poliоencephalitis due to Paralytic Poliomyelitis.

The number of admissions to the Isolation Hospital was 23 but of these, only five were diagnosed as poliomyelitis. One of the non-paralytic cases was treated at home.

The case and sex distribution for the past five years are set out in the following table.

Year	Under 1 yr.		1-3 years		3-5 years		5-10 years		10-15 years		15-25 years		25-35 years		35-45 years		45-65 years		65 yrs. & over		Total Sexes		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1953	—	—	3	3	3	3	3	4	1	2	—	2	2	2	1	—	1	—	—	—	14	16	30
1954	—	—	1	1	—	1	4	5	1	—	—	2	1	—	—	1	—	—	—	—	7	10	17
1955	1	—	3	3	3	3	4	7	4	1	2	1	2	4	—	—	—	—	—	—	19	19	38
1956	—	—	1	—	1	2	1	3	1	3	1	1	1	1	—	1	—	—	—	—	6	11	17
1957	1	—	3	1	—	3	—	—	—	—	—	—	2	1	—	1	—	—	—	—	6	7	13

Details of the work on immunisation against this disease are given in the Immunisation Section of this Report.

Encephalitis, Infective.—No cases were notified during the year.

The number of cases notified during the past five years was as follows :—

1954—nil ; 1955—nil ; 1956—3 ; 1957—nil ; 1958—nil.

Encephalitis, Post-Infective.—No cases were notified during the year.

The number of cases notified during the past five years was as follows :—

1954—3 ; 1955—1 ; 1956—2 ; 1957—nil ; 1958—nil.

Erysipelas.—Out of the 49 cases notified, four were removed to the Isolation Hospital. It is not known whether any deaths occurred from this disease as they are not classified separately in the Registrar's returns.

During the past five years the number of cases notified was as follows :—

1954—35 ; 1955—37 ; 1956—48 ; 1957—31 ; 1958—49.

Gastro Intestinal Infections

Typhoid Fever.—No cases occurred during the year.

Paratyphoid Fever.—No cases occurred during the year.

The number of cases notified during the past five years was as follows :—

1954—89 ; 1955—8 ; 1956—1 ; 1957—nil ; 1958—nil.

Dysentery.—The year was marred by an unusually high incidence in the last-quarter. The total was 639 cases of which the majority occurred in November and December.

The cases notified to the Registrar General during the four quarters of the year were as follows :—

Quarter ending 29th March	..	69
Quarter ending 28th June	..	26
Quarter ending 27th September	..	20
Quarter ending 27th December	..	524

The outbreak was first noticed in the week ending 15th November when 17 cases were notified. These consisted mainly of infants at a Nursery School and their home contacts. Systematic swabbing of contacts and other school children with suspicious symptoms was immediately commenced and positive cases were excluded from school. At the same time a careful investigation was made in each affected household to ascertain any contacts who were a special risk, such as food handlers, home helps, expectant mothers, hospital or teaching staffs. Faecal swabs were obtained from all these and any schoolchildren in the house and where positive results were obtained the necessary arrangements were made for the appropriate action to be taken, such as exclusion from employment or school or in the case of expectant mothers, arrangements for confinement at the City Isolation Hospital. In addition all positive cases were referred to their own doctor for appropriate medical treatment.

As a result of these enquiries a considerable number of positive cases were discovered and kept under supervision. The following table gives details of the number of cases week by week :—

	WEEK ENDING						
	NOVEMBER			DECEMBER			
	15th	22nd	29th	6th	13th	20th	27th
Cases	17	12	93	63	142	96	63

Sensitivity tests carried out by the Public Health Laboratory Service in Cardiff showed the organism—*B. sonnei*—to be insensitive to sulphonamides in at least 50 per cent of the specimens examined. This information together with details of a treatment which had been found to be effective in hospital practice was given to all general practitioners in the city by means of the weekly bulletin which they receive from the department.

A factor which accounted for the increasing incidence in the number of cases was that with many of the patients signs and symptoms of the infection cleared up spontaneously and they did not seek medical treatment or failed to persevere with the treatment offered. Unfortunately they remained carriers of the infection for a considerable time and this widened the circle of infection amongst their own family and others with whom they came into contact.

The majority of ascertained cases were amongst children in the age group 5—10 years.

Some idea of the amount of additional work that the outbreak entailed can be gained from the following statistics :—

Public Health Inspectors :—

Visits re Infectious Diseases—January—June	..	..	383
July—December	..	..	1,208

Public Health Laboratory Service, Cardiff :—

Faecal swabs received from Cardiff and surrounding area from the week ending 15th November to 27th December	..	2,848
--	----	-------

The number of cases notified during the past five years was as follows :—

1954—299 ; 1955—296 ; 1956—115 ; 1957—23 ; 1958—639.

Food Poisoning.—Thirty-eight cases were notified ; all were single cases.

The causative organism was identified in 27 cases and was as follows :—

<i>Salmonella typhimurium</i>	..	..	22
<i>Salmonella newport</i>	..	..	1
<i>Salmonella heidelberg</i>	..	..	1
<i>Salmonella schwarzengrund</i>	..	..	2
<i>Salmonella thompson</i>	..	..	1

Details are given in the following table in the form prescribed by the Ministry of Health :—

ANNUAL RETURN OF FOOD POISONING

(*Salmonella* Infections that are not considered to be food borne should not be included under items (a), (3) or (4), but should be shown separately under item (5))

1. Local Authority :		Cardiff County Borough			Year : 1958
2. (a) FOOD POISONING NOTIFICATIONS (Corrected) AS RETURNED TO REGISTRAR GENERAL :—					
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL	
2	11	7	18	38	
(b) CASES OTHERWISE ASCERTAINED :					
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL	
—	—	—	—	—	

NOTE :—Symptomless excreters should not be regarded as cases, and any notification of a symptomless excreter should be corrected. At the same time the numbers of symptomless excreters may at the Authority's discretion be entered here, separately.

(c) FATAL CASES :

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
Nil	Nil	Nil	Nil	Nil

3. PARTICULARS OF OUTBREAKS :

Details of each outbreak to be given in Appendix D (ii)

	No. of Outbreaks		No. of cases		Total No. of cases
	Family Outbreaks	Other Outbreaks	Notified	Otherwise Ascertained	
Agent identified			Nil		
Agent not identified			Nil		

4. SINGLE CASES :

	No. of cases		Total No. of cases
	Notified	Otherwise Ascertained	
Agent identified *	27	—	27
Agent not identified	11	—	11

* To be classified according to agents

(a) Chemical Poisons (type to be stated)	..	Nil	
(b) Salmonella (type to be stated)	..	Salmonella typhimurium	22
		„ newport	1
		„ heidelberg	1
		„ schwartzengrund	2
		„ thompson	1
(c) Staphylococci (including toxin)	..	Nil	
(d) Cl. botulinum	..	Nil	
(e) Cl. welchii	..	Nil	
(f) Other bacteria (to be named)	..	Nil	

5. SALMONELA INFECTIONS, NOT FOOD-BORNE :

Salmonella (type)	Outbreaks		No. of cases	Single Cases	Total No. of cases (outbreaks and single cases)
	Family	Other	(Outbreaks)		
			Nil		

The number of cases of food poisoning notified during the past five years was as follows :
 1954—21 ; 1955—47 ; 1956—27 ; 1957—13 ; 1958—38.

CLASSIFICATION BY AGE AND SEX OF INFECTIOUS DISEASES CASES FOR YEAR 1958

Diseases	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15-20 years		20-25 years		25-35 years		35-45 years		45-65 years and over		All Ages				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total		
Scarlet Fever	1	1	5	6	15	12	26	15	30	14	103	99	10	10	1	—	1	—	1	—	—	—	—	—	193	158	351		
Whooping Cough	10	9	6	9	2	10	6	7	9	5	10	20	1	—	—	—	—	—	—	—	—	—	—	—	44	61	105		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles	20	23	60	55	62	55	72	69	78	71	190	181	20	19	1	1	—	1	—	—	—	—	—	—	503	477	980		
Acute Pneumonia	3	10	4	3	3	3	3	4	2	3	21	16	5	7	3	3	8	3	12	17	13	15	52	43	165	164	329		
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—	—	2	1	—	—	1	—	—	—	—	—	—	—	—	3	3	6		
Paralytic Acute Poliomyelitis	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	2	2	4		
Non-Paralytic Acute Poliomyelitis	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2		
Acute Encephalitis Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute Encephalitis Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dysentery	13	8	29	20	33	43	38	50	41	40	87	95	22	23	4	10	1	14	4	16	9	18	3	9	2	6	287	352	639
Ophthalmia Neonatorum	35	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	35	15	50		
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	24	—	16	—	4	—	—	—	—	57	57		
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Para-Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Enteric or Typhoid (Exc. Paratyphoid)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Erysipelas	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—	3	1	2	4	3	5	11	7	3	7	23	26	49
Malaria { Contracted in this Country	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
{ Contracted Abroad	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
{ Induced	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Food Poisoning	—	—	1	—	1	3	1	1	—	2	1	3	1	2	—	4	1	2	1	—	2	—	2	5	3	2	14	24	38
Tuberculosis—Respiratory	—	—	2	—	2	—	—	2	1	—	5	2	6	5	4	9	10	11	22	22	21	24	70	23	20	5	163	103	266
Meninges	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Others	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	—	—	2	3	1	—	1	4	—	3	6	14	20

CASES OF ACUTE INFECTIOUS DISEASES NOTIFIED IN MUNICIPAL WARDS AND CASES REMOVED TO CARDIFF ISOLATION HOSPITAL
PERIOD—YEAR 1958

Municipal Wards	Scarlet Fever	Whooping Cough	Measles	Acute Poliomyelitis		Diphtheria	Meningococcal Infection	Acute Encephalitis		Dysentery	Ophthalmia Neonatorum	Puerperal Pyrexia	Pneumonia	Para typhoid Fever	Typhoid Fever	Food Poisoning	Dysipelas	Malaria	Tuberculosis		
				Para-lytic	Non-Para-lytic			Infective	Post-Infective										Respiratory	Meninges	Others
Central ..	13	3	14	—	—	—	—	—	—	9	—	—	12	—	—	—	—	—	13	—	1
South ..	9	11	112	—	—	—	2	—	—	23	—	1	45	—	—	—	3	—	26	—	4
Cathays ..	7	12	43	—	—	—	—	—	—	21	—	—	27	—	—	—	1	—	9	—	—
Adamsdown ..	19	5	56	—	—	—	—	—	—	58	—	—	24	—	—	—	4	—	31	—	—
Riverside ..	17	6	55	—	—	—	—	—	—	42	—	—	7	—	—	—	—	—	16	—	1
Canton ..	15	6	59	—	—	—	—	—	—	54	—	—	7	—	—	4	4	—	13	—	1
Grangtown ..	12	8	84	—	—	—	—	—	—	59	1	—	15	—	—	1	—	—	8	—	1
Roath ..	53	29	135	—	2	—	—	—	—	48	—	1	42	—	—	3	4	—	35	1	1
Plasnewydd ..	7	4	27	—	—	—	—	—	—	31	2	—	12	—	—	—	—	—	12	—	3
Splott ..	29	8	74	—	—	—	3	—	—	53	—	2	23	—	—	1	5	—	23	—	1
Penylan ..	27	15	59	3	—	—	—	—	—	23	—	1	28	—	—	3	4	—	20	—	1
Llandaff ..	28	24	44	1	—	—	—	—	—	48	—	1	11	—	—	5	10	—	18	—	3
Gabalfa ..	28	28	67	—	—	—	1	—	—	54	—	1	25	—	—	3	7	—	18	—	2
Ely ..	85	19	104	—	—	—	—	—	—	98	—	—	24	—	—	9	6	—	22	—	1
Institutions ..	5	2	47	—	—	—	—	—	—	18	47	50	1	—	—	9	1	—	2	—	—
TOTALS ..	351	105	980	4	2	—	6	—	—	639	50	57	329	—	—	38	49	—	266	1	20
Cases removed to Isolation Hospital	17	3	21	4	1	—	2	—	—	71	—	—	31	—	—	11	4	—	—	—	—

VI—PREVENTION OF TUBERCULOSIS

A. H. GRIFFITH, M.B., B.S., D.P.H., Senior Medical Officer

Tuberculosis Cases in Cardiff

At the end of 1958 there were 3,178 residents of Cardiff whose names were on the Health Department tuberculosis register as suffering from or having suffered from progressive tuberculous disease. All but 287 of these had been discovered as new cases of active tuberculosis prior to 1958. In the vast majority, the disease had responded satisfactorily to treatment but, although the tuberculous lesions could now be regarded as quiescent, periodical examinations at the Chest Clinic were necessary in order that any renewed activity on the part of the disease could be detected and treated immediately. These people were now leading normal lives at home and at work, and there were no grounds for believing that they constituted a danger of infection to others.

A minority of the cases on the tuberculosis register were, however, still suffering from active disease because treatment had failed to be fully effective or the lesions had, after a period of quiescence, become active again, or the infection had been discovered so recently as not to allow the appropriate course of treatment to be completed. A small number refused treatment and advice, thereby wilfully allowing the progressive disease to follow its course uncontrolled, and sometimes acting as carriers of tuberculous infection among their families, friends and the general public.

Action taken to deal with an Unco-operative Case

The Council took legal action during 1958 against one of these unco-operative cases of infectious pulmonary tuberculosis. For several months he had adopted a mode of life whereby he discharged himself against medical advice from a chest hospital in one part of the country in the morning only to report ill at a casualty department of a general hospital in another part of the country in the evening. As he was suffering from advanced tuberculosis of the lungs he was admitted to the hospital and transferred to a nearby chest hospital within a day or so. He remained there two or three weeks before leaving against medical advice, and then reporting shortly afterwards at another hospital. This was repeated many times with the result that he could not be treated properly, and while out of hospital he was coughing up tubercle bacilli in public places and on public transport. In October, 1958, papers signed by the Medical Officer of Health were served on him as he was leaving Glan Ely Hospital again against medical advice. These papers stated that an application was to be made to the Magistrates Court in Cardiff for an Order under Sections 171-175 of the Public Health Act, 1936, for his removal to and detention at Talgarth Hospital, Breconshire. Four days later when the application was heard in Court, this patient was in a Liverpool hospital but, nevertheless, the Stipendiary Magistrate made the Order and the patient was subsequently removed to Talgarth. After a few days there, he absconded. Apparently no warrant could be issued for his arrest and return to the hospital but he was, however, arrested in London two days later on an entirely different matter and brought to Cardiff for trial. The difficulties this case presented have been described elsewhere.*

Co-operation from the Public

Every Health Department aims at the ultimate eradication of tuberculosis from its area, but this cannot be achieved without whole-hearted co-operation from the public. Reference has been made already to failure of some tuberculosis cases to accept treatment in their own interests and in the interests of others. It is a generally accepted fact that the incidence of active tuberculosis is much higher among household contacts of known cases of tuberculosis than among the public at large, yet many of these contacts refuse

* "The Medical Officer", 1st May, 1959

to undergo the simple chest X-ray that would be so much in their own interests. About 95 per cent of home contacts aged 25 or under present themselves for this examination but the acceptance rate decreases with age until after the age of 65, under 50 per cent will consent to attend the Chest Clinic even once. As tuberculosis is becoming a more prevalent disease among elderly males, and is particularly common among home contacts of recently discovered cases, the failure of elderly contacts to undergo a single simple examination means that easily discoverable sources of tuberculosis infection remain undetected.

Children living in homes where cases of active tuberculosis have been discovered are more prone than others to develop the disease. That is why it is recommended that these children be tuberculin tested and if not already infected be given protection against tuberculosis by means of B.C.G. vaccination. Unfortunately between 5 per cent and 10 per cent of these children are denied this protection and are left to run the risks associated with tuberculous infection solely because of the parents' indifference or uninformed objection of B.C.G.

Tuberculosis in the Cardiff Docks area

Although it is unfortunate that all members of the public do not co-operate in all the antituberculosis measures applied in this City it is sometimes surprising how many do co-operate. Tuberculosis is known to have been rife in the Docks area of Cardiff for many years. The tuberculosis death and morbidity rates for that area have been particularly high. Tuberculin testing of the children revealed that an abnormally high percentage had been infected and the door to door Mass Radiography Survey carried out there in the autumn of 1955 brought to light a surprising number of new cases of active disease. These facts and the overcrowding prevailing in that area were sufficient grounds for B.C.G. vaccination being offered to all tuberculin negative children living in that area. This work of vaccinating all these children in the area was carried out during 1958. In addition a Mass Radiography Unit of the Welsh Regional Hospital Board revisited the area in September and conducted a house to house survey lasting a fortnight. The Unit was helped by two Health Visitors and one Public Health Inspector from the Health Department staff. 2,430 persons over the age of 15 were examined. Sixty-five of these were found to have abnormal chest X-rays including 26 who required further observations and of these, 8 were eventually notified as new cases of active pulmonary tuberculosis. The incidence rate of tuberculosis in that area was therefore more than twice the rate for other areas and other parts of the country, but it was lower than in previous years.

Tuberculosis in the Cardiff Welfare Homes

Arrangements were made during the year for the Mass Radiography Unit to visit the Council's Welfare Homes. Only 106 of the staff and residents at these homes accepted the invitation to have the chest X-ray and of these 5 were referred to the Chest Clinic for further investigations and treatment.

Serial Tuberculin Testing

Tuberculosis is a common communicable disease. Only after being infected by tubercle bacilli can a person develop tuberculous disease. The Health Department has the responsibility of preventing this transmission of infection. Recently the department increased its tuberculosis control activities by applying measures aimed not only at preventing infection but also at detecting the transmission of infection to children immediately after it had occurred. The method employed for this purpose is known as serial tuberculin testing which is, as far as Cardiff is concerned, a new and possibly an effective antituberculosis control measure.

Serial tuberculin testing involves tuberculin testing the same group of children at periodic intervals. The aim of the Cardiff Scheme was to introduce a system of tuberculin testing all children between the ages of 1 and 15 years at 12 month intervals. The tuberculin test is a simple, safe and reliable method of determining whether or not a person has been previously infected by tubercle bacilli.

Sources of tuberculous infection are so prevalent in the community that most adults have been infected with tubercle bacilli at one time or another so they give a positive skin reaction to the tuberculin test. The proportion of children reacting to the test depends on the age of the group of children tested. Indeed only about 2 per cent of 5 year old children have been infected but about 18 per cent of the 13 year old give a positive reaction to the test. It will be realised that in the vast majority the children's own natural defence mechanisms will have combatted the infection satisfactorily for the present, at least, but there remains a small number who will develop active tuberculous disease immediately following infection.

As a single tuberculin survey will reveal only those who have been infected at one time or another since birth, it gives little indication as to when the infection actually occurred. Regular periodic tests on the same group of children will reveal not only who have been infected but also when the infection took place. All Cardiff children are offered annual tuberculin tests under this scheme.

Serial tuberculin testing shows how many children are infected annually and thereby gives accurate information as to the prevalence of tuberculous infection in the community during the present 12 month period, whereas all other surveys indicate the prevalence of tuberculosis during past years. It reveals which children require X-ray examination for the purpose of excluding active disease. A few of the children will be found to require hospital treatment. It will give indications as to which adult contacts of children should undergo X-ray examination for the purpose of excluding infectious tuberculous disease. It will reveal which children require prophylactic antituberculosis chemotherapy because, although they are not suffering from active disease at present, the possibility that they will eventually do so is particularly high. These children can be treated at home without interference with their normal mode of life, and they consist in the main of all tuberculin reactors under the age of 5 and hypersensitive reactors between the ages of 5 and 15.

An attempt has been made to explain the value of serial tuberculin testing in children who have not been B.C.G. vaccinated. The same test is, however, of great value in B.C.G. vaccinated children as it indicates whether or not the vaccination remains effective. In Cardiff, it has been the practice for the Health Department to give B.C.G. vaccination to tuberculin negative children living in tuberculous environment as well as to adolescents. The work of ascertaining whether the protection conferred by the vaccine remained adequate during the following years was done by recalling these children annually to clinics, but, as a result of the serial tuberculin testing most of it can now be carried out in the schools.

It is estimated that between 40,000 and 45,000 children will be tuberculin tested every year in Cardiff under this scheme. The first year's work is expected to be relatively unproductive in that its main purpose was to determine the tuberculin state of every child at the onset of this scheme. However, Table I shows that it was not entirely unproductive. During ensuing years it is expected that 400-500 children will be found to have been infected with tubercle bacilli during any 12 month period and naturally not only will they be thoroughly examined and appropriately treated but they will be used as starting points for searches for the sources of infection in our midst. The Health Department employs for all this work of tuberculin testing children, interpreting the results, visiting the homes of infected children, holding contact clinics, visiting homes regarding B.C.G. contacts and tracing sources of infection of affected children, a staff of two health visitors, two nurses employed half-time on the work and one full-time clerk. The report on their work during the few months the scheme was in operation during 1958 is given in Table II.

School children were tuberculin tested in the schools only after the parents had been circulated with explanatory leaflets and their written consent to annual tuberculin tests being carried out had been obtained. Private Schools were treated in the same way as the Council Schools under this scheme. Children under school age were tested at special sessions at infant welfare clinics after written invitations had been sent to the individual parents to bring the children to the centres.

Table I

**Summary of Results of Tuberculin Tests
According to Age and Degree of Tuberculin Reaction**

Age	DEGREE OF REACTION TO THE HEAF TUBERCULIN TEST												Total
	Number of previously BCG Vaccinated Children						Number of Unvaccinated Children						
	Neg.	1	2	3	4	Total	Neg.	1	2	3	4	Total	
1			1	2		3	37					37	40
2		5	7	2		14	126	1	2			129	143
3	2	12	12	1		27	130	2				132	159
4	4	11	19	3		37	180	2		1	1	184	221
5	6	54	62	21	3	146	1,490	16	11	7	4	1,528	1,674
6	6	63	106	20	4	199	1,745	20	12	21	13	1,811	2,010
7	9	99	101	16	7	232	2,049	40	22	20	16	2,147	2,379
8	9	57	64	17	5	152	2,026	48	18	40	21	2,153	2,305
9	15	83	89	13	2	202	2,009	59	38	58	37	2,201	2,403
10	14	81	58	13	1	167	1,970	60	36	62	34	2,162	2,329
11	12	45	72	21	8	158	2,133	54	28	98	54	2,367	2,525
12	9	22	40	19	6	96	1,081	48	30	66	50	1,275	1,371
13	1	60	56	16	5	138	726	50	23	56	40	895	1,033
14	18	181	320	57	2	578	121	25	13	38	47	244	822
15	2	76	92	22	3	195	9	6	6	14	17	52	247
16+		25	46	23	3	97	1		2	5	9	17	114
Total	107	874	1,145	266	49	2,441	15,833	431	241	486	343	17,334	19,775

The findings of the Tuberculin Survey

Due to the popular demand for poliomyelitis vaccination at the time, the routine tuberculin testing programme was not started in Cardiff until June, 1958, and then only on a scale lower than originally planned. In October, the staff allocated for the work were at last able to devote the necessary time to the work and the scheme proceeded without further hindrance.

Table I gives an indication of the findings under this scheme up to 31st December, 1958. It shows that nearly 20,000 children were tuberculin tested, mainly in infant and junior schools. Of these, 2,441 had been given B.C.G. vaccination against tuberculosis. There remained some 17,334 unvaccinated children of whom 1,501 showed evidence on the tuberculin test of having been previously infected by tubercle bacilli. The percentages of infected children found at various ages are given in Table II. Children under 5 and over 13 are not included as the number tested are too small for any significance to be attached to them in the case of the former, and the B.C.G. vaccination programme for 13 year old children makes the rate invalid, for the latter.

Table II

**Giving the tuberculin reactor rate among
children of various ages**

Age of Children (in years)	5	6	7	8	9	10	11	12	13
Per Cent of Unvaccinated children found to be tuberculin positive	2.5	3.6	4.5	5.4	8.7	8.9	9.9	15.1	18.0

It was considered that the radiological examination of all tuberculin reactors would involve probably more work than the staff of the Health Department and the Chest Clinic could undertake and that it might prove to be unrewarding. It was therefore, confined to those children showing hypersensitivity to tuberculin, that is, those giving Grades 3 or 4 reaction to the Heaf Test. It had been shown by the Medical Research Council that these children are more prone to tuberculosis than others. In addition all unvaccinated tuberculin positive children under the age of 5 were referred to the Chest Physician. In practice, nothing was said to these hypersensitive children when they were seen at school but their parents were later visited at home by one of the two specialised Health Visitors. The parents were invited not only to take the child concerned to the Chest Clinic but also to attend themselves for radiological examination and take with them other children living in the house. When they attended the Chest Clinic they were seen by the same Health Visitor who arranged the X-ray examination and tuberculin tested the child contacts. The results of this work are given in Table III.

Table III

**Giving results of radiological examination
of tuberculin positive children**

Children's Ages	NUMBER OF CHILDREN						
	Recom- mended for X-ray	Probably not X-rayed	Previously known to have had active tubercu- losis	Previously under observation for tubercu- losis	Placed under observation for suspected pulmonary tubercu- losis	Admitted to hospital as cases of active pulmonary tubercu- losis	Found to have normal chest X-rays
5	11	3	1	2			8
6	34	4	2		4		24
7	36	2	3		2		29
8	61	7	2	1	4	1	46
9	95	9	5	9	1	2	68
10	96	4	6	2	1		83
11	152	11	10	5	3	1	121
12	116	16	2	2	2	1	93
13	96	18	2	2	2		72
14	85	15	1	2	2		65
15	31	3		1	2		25
16	14	2			2		10
TOTAL ..	827	94	34	26	25	5	644

Of the 5 children admitted to hospital as cases of pulmonary tuberculosis as a result of this work, 2 had shown Grade 3 reaction to the Heaf Test and 3 had shown Grade 4 reaction. Only an estimate can be made of the number of adult contacts of these children attending X-ray examination as many fathers attended during the Chest Clinic evening sessions when Health Department staff were not present. Approximately 700 adult home contacts attended the Chest Clinic as requested and were x-rayed. Six new cases of active tuberculosis were found and 8 were placed under observation.

An adult member of the family had been notified, at one time or another, as suffering from active pulmonary tuberculosis, in a large proportion of cases where children showed strong reactions to tuberculin. This proportion diminished from one half in the case of infant school children to one third in the case of secondary school children.

Further reference is made to serial tuberculin test in the Principal School Medical Officer's section of this Annual Report.

B.C.G. Vaccination

Health Department staff were responsible for giving B.C.G. vaccination to all eligible persons during 1958. Those vaccinated were tuberculin negative and in the following categories :—

- (a) Children from tuberculous homes.
- (b) Children living in the Docks area of Cardiff.
- (c) 13 year old school children.
- (d) Hospital Nurses.
- (e) Medical Students.
- (f) New-born babies of tuberculous parent, born at Glossop Terrace Maternity Hospital.
- (g) New-born babies at St. David's Hospital, irrespective of the tuberculous background of the home.

There was no great change in the number of children receiving B.C.G. during 1958 from the numbers for previous years, except at St. David's Hospital where there was a big increase in the number of infants vaccinated during 1958. This was due to the fact that B.C.G. vaccination was offered to all babies born at the hospital irrespective of their home tuberculous background. All the mothers there were advised to have their babies vaccinated. Whereas this policy was unlikely to do any harm to the children individually and it might prevent one or two from eventually suffering from the disease, it may not be the best policy as far as it affects the population as a whole. It tends to destroy all the information that serial tuberculin testing would otherwise produce and it benefits the community generally less than the other antituberculosis measures which it renders ineffective. This policy was not one advocated by the Health Department at present.

Professor F. R. G. Heaf and Dr. W. Powell Phillips continued to conduct three-day courses on tuberculin testing and B.C.G. vaccination. These courses were attended by School Medical Officers from various parts of the country.

Table IV

B.C.G. Vaccination Work, 1950 to 1958

	1950 AND 1951	1952	1953	1954	1955	1956	1957	1958
CONTACT SCHEME								
Number of contacts attending clinics	—	754	1,334	1,021	1,174	1,287	1,458	1,474
Number of contacts given B.C.G. Vaccination	127	283	617	468	431	607	849	851
Number of contacts found Mantoux Positive	—	117	186	159	121	138	139	118
Number of contacts given annual skin tests after B.C.G. .. .	86	109	315	481	615	145	894	*
Number of contacts re-vaccinated	10	18	45	19	11	10	3	2
Number of others given B.C.G. (Nurses, Medical Students, etc.) .. .	92	19	89	105	298	225	147	64
Number of contacts from outside Cardiff given B.C.G.	8	16	19	32	44	36	51	85
Number of new-born babies given B.C.G. at St. David's Hospital (Contacts)	—	76	90	127	130	118	126	202
(Non-contact)	—	—	—	—	—	—	—	843
SCHOOL CHILDREN SCHEME								
Number offered B.C.G.	—	—	403	5,010	4,746	2,910	3,490	2,378
Number of these tuberculin skin tested	—	—	364	4,147	3,643	2,247	2,881	1,946
Number found tuberculin negative	—	—	255	3,016	2,790	1,787	2,410	1,562
Number given B.C.G.	—	—	186	2,876	2,653	1,757	2,410	1,562

* No accurate figure available because many children were given post B.C.G. test at routine school tuberculin test ing as well as at clinics.

Statistical Review for 1958

Deaths

Although the number of deaths from pulmonary tuberculosis in Cardiff (Tables V and VI) was greater in 1958 than in 1957 it was much lower than in any previous year. Half of those dying of the disease were over 65 years of age and only 3 were under 45. Non-pulmonary tuberculosis likewise had ceased to be a major cause of death. Deaths from non-pulmonary tuberculosis were due to spinal caries (female aged 61), tuberculous peritonitis (female aged 70) and hydrocephalus due to tuberculous meningitis (male aged 22).

Table V Showing the Pulmonary Tuberculosis Fatality Rates in Cardiff for the last 10 years

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of deaths from pulmonary tuberculosis ..	155	112	105	80	72	75	46	36	20	24
Number of new notifications of pulmonary tuberculosis	376	304	324	284	329	258	222	294	299	266
Percentage : Deaths/notifications ..	41	37	32	28	22	29	21	12	7	9

Table VI Giving Annual Number of Deaths from Pulmonary Tuberculosis in Age Groups

Age Groups	NUMBER OF DEATHS ANNUALLY FROM PULMONARY TUBERCULOSIS											
	1935	1936	1937	1938	1945	1946	1947	1948	1955	1956	1957	1958
0—14	7	5	4	3	7	10	1	1	—	—	—	—
15—24	55	52	40	37	31	23	32	23	1	—	—	—
25—34	43	44	44	50	32	41	32	34	12	1	1	1
35—44	49	35	33	37	37	22	34	41	4	4	3	2 (2)
45—54	29	30	36	41	31	37	29	26	9	5	6	5 (3)
55—64	25	21	16	19	25	22	21	27	8	16	6	5 (2)
65 and over	8	7	8	4	15	9	12	12	12	9	4	11 (8)
TOTAL ..	216	194	181	191	178	164	161	164	46	36	20	24 (15)

The numbers in brackets refer to the number of male deaths during 1958.

Table VII Showing the decline in the Annual Tuberculosis Death Rates for Cardiff during the last 24 years

Year	Pulmonary tuberculosis	Non-pulmonary tuberculosis	Death Rate per 100,000 population		
			Cardiff		England and Wales
			Pulmonary Tuberculosis	Non-pulmonary Tuberculosis	Pulmonary Tuberculosis
1935	216	49	97	22	58.7
1936	194	39	87	18.0	56.4
1937	181	38	82	17.0	56.6
1938	191	30	86	13.0	51.6
1945	178	20	81	9.0	51.5
1946	164	34	73	15.0	46.8
1947	161	24	70	10.0	47
1948	164	15	68	6.0	44
1955	46	3	18	1.2	13
1956	36	1	14	0.4	11
1957	20	3	8	1.2	9.5
1958	24	3	9.5	1.2	8.9

Notifications

Two hundred and sixty-six new cases of pulmonary tuberculosis were discovered during 1958 which is equivalent to about 5 new cases every week throughout the year. This figure should not give rise to complacency or smugness nor does it substantiate statements that the eradication of tuberculosis will soon be achieved. The incidence of the disease has not been greatly reduced during the last 20 or 30 years (Table VI) although the age distribution of new cases has altered considerably. Its prevalence among young adults has decreased remarkably, especially among young adult females who were particularly prone to it. On the other hand older males are becoming more and more susceptible to the disease. Indeed, a third of all new cases were males over 45 years of age and during the course of the year about 1.4 per thousand of all males aged 55-64 living in the City were notified as new cases of pulmonary tuberculosis.

Table VIII

**Giving the number of cases of Tuberculosis on the Register in Cardiff
on the 31st December, 1957 and 1958**

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Number of cases on the register 31/12/57	1,479	1,276	2,755	170	209	379
Number removed during 1958 through deaths	29	9	38	—	1	1
Number of cases notified after death and included above ..	2	1	3	—	—	—
Number removed during 1958 through leaving Cardiff to live elsewhere	55	46	101	4	7	11
Number removed during 1958 as "recovery" cases ..	52	53	105	20	21	41
Number of newly notified cases during 1958	163	103	266	6	15	21
Number of known cases who came from outside to live in Cardiff	28	25	53	—	1	1
Number of cases on the register 31/12/58 ..	1,535	1,297	2,830	152	196	348

Table IX

**Giving number of new cases of tuberculosis notified and
number on register during recent years**

	1937	1938	1948	1949	1955	1956	1957	1958
Number of new notifications of pulmonary tuberculosis ..	275	320	325	376	222	294	299	266
Number of new notifications of non-pulmonary tuberculosis ..	114	108	46	43	37	31	34	21
Number of pulmonary tuberculosis cases on register at end of the year	1,127	1,202	1,850	1,956	2,604	2,653	2,755	2,830
Number of non-pulmonary tuberculosis cases on register at end of the year	454	480	475	466	430	392	383	348

Table X

Giving the numbers of new cases of Tuberculosis
during 1958 by Age and Sex

Age Groups	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Under 1 ..	—	—	—	—	—	—
1-4	5	2	7	—	—	—
5-9	5	2	7	1	3	4
10-14	6	5	11	—	—	—
15-19	4	9	13	1	2	3
20-24	10	11	21	—	—	—
25-34	22	22	44	2	3	5
35-44	21	24	45	1	—	1
45-54	24	13	37	1	3	4
55-64	46	10	56	—	1	1
65+	20	5	25	—	3	3
TOTAL ..	163	103	266	6	15	21

Table XI

Giving the Age and Sex of Transfers
into Cardiff during 1958

Age Groups	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis		
	Males	Females	Total	Males	Females	Total
Under 1 ..	—	—	—	—	—	—
1-4	—	—	—	—	—	—
5-9	—	—	—	—	—	—
10-14	1	2	3	—	—	—
15-19	1	2	3	—	—	—
20-24	3	10	13	—	1	1
25-34	13	23	36	—	—	—
35-44	8	12	20	—	—	—
45-54	1	3	4	—	—	—
55-64	1	1	2	—	—	—
65+	—	—	—	—	—	—
TOTAL ..	28	25	53	—	1	1

Table XII

Sources of Ascertainment of New Cases of Pulmonary Tuberculosis

Sources of Ascertainment	1955	1956	1957	1958
General Medical Practitioners ..	114	93	63	70
General Practitioners X-ray Sessions ..	35	93	88	75
Hospitals	43	39	35	34
Mass Radiography Service	10	34	56	33
National Service Recruits	2	3	—	1
H.M. Forces	2	1	7	4
Examination of Contacts	13	30	31	35
Ante-natal Clinic	—	1	—	—
Other Sources	—	—	19	14
TOTAL	222	294	299	266

Table XIII

**New Cases of Non-Pulmonary Tuberculosis by Sex
and Localisation of the Disease**

Site of Infection	1935		1945		1955		1956		1957		1958	
	M	F	M	F	M	F	M	F	M	F	M	F
Nervous System	5	17	3	1	3	1	3	2	1	1	—	1
Intestines and Peritoneum	2	7	2	5	1	—	—	3	1	2	—	—
Vertebral Column	5	6	4	6	4	2	5	—	2	—	1	—
Bones and Joints	19	2	6	2	6	4	2	1	—	2	1	1
Cervical Glands	—	—	—	—	3	10	5	6	2	11	3	7
Kidneys	24	39	24	29	—	3	—	—	—	2	1	1
Other Organs	—	—	—	—	6	3	3	1	4	5	—	5

It will be noted that there was only one case of tuberculous meningitis. The person concerned was a female aged 5 years.

VII—NATIONAL HEALTH SERVICE ACTS, 1946–1957

CARE OF MOTHERS AND YOUNG CHILDREN

VITAL STATISTICS

Live births (registered)	..	..	..	4,577
Live birth rate per 1,000 population	..	..	..	18·07
Stillbirths (registered)	..	..	..	20·96
Stillbirth rate per 1,000 live and stillbirths	..	..	..	20·96
Total live and stillbirths	..	..	..	4,675
Infant deaths	..	..	..	116
Infant mortality rate per 1,000 live births (total)	..	..	..	25·34
Infant mortality rate per 1,000 live births—legitimate	..	..	..	25·30
Infant mortality rate per 1,000 live births—illegitimate	..	..	..	26·09
Neo-natal mortality rate per 1,000 live births	..	..	..	18·35
Illegitimate live births per cent of total live births	..	..	..	4·92
Maternal deaths (including abortion)	..	..	..	3
Maternal mortality rate per 1,000 live and stillbirths	..	..	..	0·64

Live-births and Still-births—Sources of Notification

The following statement shows the number of live-births and still-births notified as having occurred in Cardiff during 1958, according to the source of notification :—

<i>Notified by :—</i>	<i>Live-births</i>	<i>Still-births</i>	<i>Total</i>
Municipal Midwives	976	8	984
Midwives of the Cardiff District			
Nursing Association ..	844	9	853
Private Midwives (Domiciliary) ..	2	—	2
Private Midwives (Nursing Homes)	471	4	475
Parents	2	—	2
Maternity Hospitals :—			
(a) Cardiff Maternity Hospital	1,682	61	1,743
(b) St. David's Hospital ..	1,579	57	1,636
	<u>5,556</u>	<u>139</u>	<u>5,695</u>

Notifications in respect of children born to residents of other Authorities were as shown :—

<i>Notified by :—</i>	<i>Live-births</i>	<i>Still-births</i>	<i>Total</i>
Municipal Midwives	8	3	11
Midwives of the Cardiff District			
Nursing Association ..	9	—	9
Private Midwives (Domiciliary) ..	—	—	—
Private Midwives (Nursing Homes)	189	2	191
Parents	—	—	—
Maternity Hospitals :—			
(a) Cardiff Maternity Hospital	493	18	511
(b) St. David's Hospital ..	398	21	419
	<u>1,097</u>	<u>44</u>	<u>1,141</u>

Transferred notifications of Cardiff cases were 58. Thus, after allowing for all transferred notifications, the number of Cardiff births notified was 4,612 and this figure was made up as follows :—

			<i>Live-births</i>	<i>Still-births</i>	<i>Totals</i>
Domiciliary	..	..	1,818	14	1,832
Institutional	..	..	2,699	81	2,780
					<hr/> 4,612 <hr/>

Child Welfare and Ante-Natal Clinics

(a) Child Welfare Centres

The total number of sessions held at Child Welfare Centres was 1,389, the average attendance at each being 40.5, and the total number of attendances was 56,274. The number of children who first attended during the year who at their first attendance were under 1 year of age was 3,614. The total number of children who attended during the year was 7,326.

(b) Ante-Natal Clinics

Since the integration in 1957 of the ante-natal services of the Municipal Midwives and the midwives of the Cardiff District Nursing Association, there has been a very gratifying increase in the percentage of expectant mothers utilising the services of the ante-natal clinics. The figure for 1958 is 91.9%, representing an increase of 17.2% over the figure for 1957.

The number of sessions held was 1,411, the average attendance at each session being 15. The total number of attendances was 21,441. The number of women who attended for the first time was 4,239 and the total number of women who attended during the year was 5,274.

The number of expectant mothers who attended the ante-natal clinics for the first time during the year is shown in relation to the number of notified births (live and still) belonging to Cardiff as follows :—

- (i) Total number of notified births belonging to Cardiff, 4,612.
- (ii) The number of expectant mothers who attended the ante-natal clinics for the first time, 4,239.
- (iii) Percentage of notified births represented by (ii), 91.9.

Blood testing for the Wassermann Reaction was continued. The number of specimens submitted was 3,316, of which 3,304 were found negative, and 12 positive.

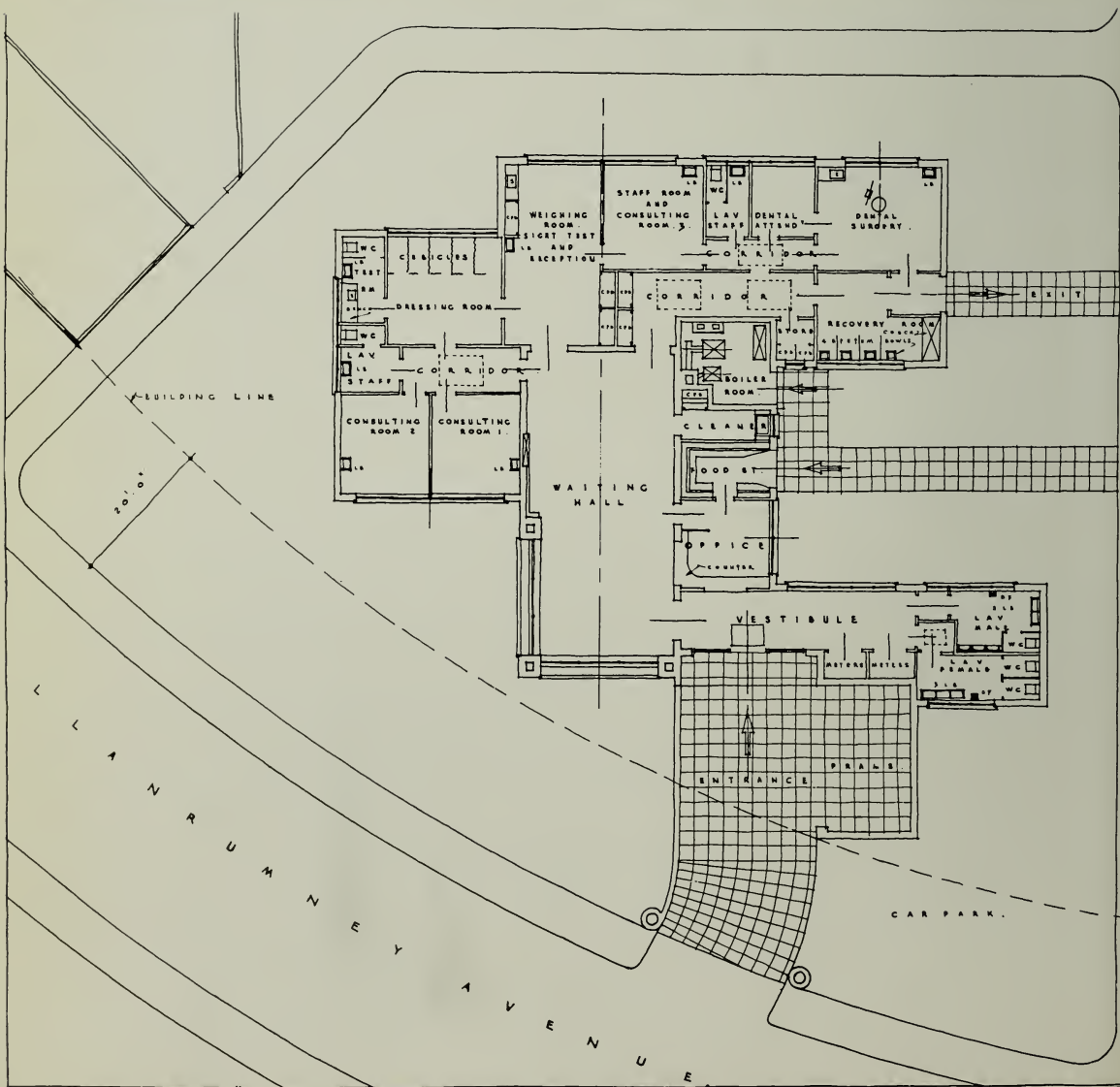
(c) Special Clinic for Mothers and Young Children

Following is a record of the work carried out at the clinic, showing the number of cases seen for the first time and the total number of attendances :—

Syphilis	..	..	..	..	—
Gonorrhoea	..	..	..	..	—
Other Conditions requiring treatment				..	51
Conditions not requiring treatment				..	—
					<hr/> 51 <hr/>
Total Attendances				..	191

The Clinic ceased to operate with effect from 30th June, 1958.





L L A N R U M N E Y C L I N I C

HEALTH CLINIC—LLANRUMNEY

The new Health Clinic at Llanrumney was built at a cost of £23,559 to serve a population of over 20,000 in Rumney and Llanrumney. It is a large pleasant building of 3,975 sq. ft. area, built on a wedge-shaped site with a curved frontage 176 feet long. The building, which has an easterly aspect, is generally of faced brickwork with decorative natural stone-coloured recessed panels, with a pitched roof waiting hall and a flat roof elsewhere.

The clinic is decorated in contemporary style with pleasant pastel shades. The floors are mainly of rubber tiles and the ceilings are suspended insulated panels. In the dental unit the walls are panelled full height in jointed opaline green formica.

The building is centrally heated by warm air convectors thermostatically controlled from a gas fired boiler.

The entrance is spacious with adequate accommodation for prams, cycles and several cars. In the wide vestibule are toilet accommodation and an enquiry office. Members of the public arriving at the clinic are able to make any enquiries at the open windows of the office, either whilst in the vestibule or in the waiting hall. Accommodation for up to 100 people is provided in the waiting hall, which has large plate-glass windows looking out over playing fields. Extra-clear direction indicators in the waiting hall eliminate any sense of confusion which a person may have on first attending the clinic. A suite of inter-connecting consulting rooms linked by a small corridor with a dressing room, toilet and reception room give complete privacy to patients, even though several different clinics may be held at the same time. A short corridor leads to the separate dental unit, which comprises a light spacious dental surgery with the latest equipment installed, a small office and a rest-room, which has a separate access and exit.

The clinic is manned by medical officers (allocated on a sessional basis), a dental officer, a speech therapist, and eight others including nursing and clerical staff and a Centre Superintendent Health Visitor.

Deaths ascribed to Pregnancy or Childbirth

There were three deaths ascribed to pregnancy or childbirth in respect of women in the area. All three deaths occurred in hospital. The causes of death were :—

1. I (a) Septicaemia
(b) Spontaneous septic abortion
2. I (a) Haemorrhage
(b) Placenta accreta
3. I (a) Cardiac failure
(b) Mitral stenosis
- II Pregnancy

Infectious Diseases

The following cases were notified during the year :—

	<i>Domiciliary Confinements</i>	<i>Institutional Confinements</i>
Ophthalmia Neonatorum ..	3	47
Pemphigus Neonatorum ..	—	—
Puerperal Pyrexia ..	7	50

All the Ophthalmia Neonatorum cases cleared up, with no impairment of vision.

Birth Control

The number of cases referred to the Cardiff Mothers' Advisory Clinic on medical grounds, for advice as to further pregnancies, was 17.

Nose and Throat Defects*Children under
School Age*

Number examined for the first time	..	445
Received operative treatment in hospital	..	96
Received other forms of treatment at clinic	..	63
Total attendances at clinic	..	621

Visual Defects

Attended clinic for the first time	..	806
Examined for errors of refraction	..	479*
Spectacles prescribed	..	320*

* Including cases first examined in and carried over from 1957.

Maternity Outfits

Maternity outfits are made available in all cases of home confinements, where necessary. The number supplied during the year was 2,082.

Domestic Help

Notes on this service are included in the appropriate section of the report, but it is recorded here that the number of instances in which domestic help was provided for cases of confinement during the year was 126.

Care of Illegitimate Children

The admission to the Salvation Army Home (Northlands), of unmarried expectant mothers was arranged in 15 instances during 1958. The Authority accepted financial responsibility for 14 cases. Arrangements were also made for 7 cases to be admitted to the Salvation Army Home at Bristol, these cases being approved transfers from "Northlands" Home in special circumstances.

Care of Premature Infants

Special visits are made in the case of premature babies born at home, 2,035 such visits having been made during the year. The scheme for following-up the premature babies on discharge from hospital is described in the reports for 1949 (page 22), and 1953 (page 33).

Statistics relating to prematurity (after correction for transfers) are shown in the following tables :—

Number of Premature Live-births notified :—

(a) In hospital	..	216
(b) At home	..	117
(c) In private nursing homes	..	15
TOTAL	..	348

Number of Premature Still-births Notified :—

(a) In hospital	..	45
(b) At home	..	6
(c) In private nursing homes	..	1
TOTAL	..	52

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS					
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hos-pital	Born at home	Born in nurs-ing home
	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days	Total	Died within 24 hrs. of birth	Sur-vived 28 days			
3 lb. 4 oz. or less ..	32	12	7	2	1	—	5	—	3	—	—	—	—	—	15	3	1	
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	46	3	36	6	—	6	3	—	3	1	—	1	—	—	19	2	—	
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	44	1	40	13	—	13	6	1	3	—	—	—	1	—	6	—	—	
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	94	—	94	78	—	78	4	1	2	13	—	13	—	—	5	1	—	
TOTALS ..	216	16	177	99	1	97	18	2	10	14	—	14	1	—	45	6	1	

Maternity Homes

At 31st December, 9 Nursing Homes remained on the Register, 3 having accommodation for maternity cases. The number of beds provided for maternity cases was 29.

Other accommodation for maternity cases is provided in two local General Hospitals, viz., the Cardiff Maternity Hospital and St. David's Hospital. St. David's Hospital and Cardiff Maternity Hospital are approved for Part I of the Midwifery Training, and recognised also for the training in gas and air analgesia.

Nurseries and Child Minders' Regulation Act, 1948

Number of premises registered at 31st December, 1958	..	7
Number of children provided for	.. ..	207
Number of Registered Daily Minders at 31st December, 1958		3
Number of children provided for	.. ..	41

Health Visiting

108,265 visits were made by Health Visitors during the year. A detailed analysis of visiting will be found on page 37.

DENTAL TREATMENT, 1958

REPORT OF Mr. H. V. NEWCOMBE, L.D.S., R.C.S.

Principal School Dental Officer

The following is a record of all forms of dental treatment carried out during 1958 in connection with maternity and child welfare, i.e., expectant and nursing mothers and young children.

	Expectant Mothers	Nursing Mothers	Pre-School Children	Total
(a) <i>Numbers provided with dental care :</i>				
Referred for treatment by M.O.s	502	555	839	1,896
Attended for inspection	410	484	843	1,737
Found to be in need of treatment	399	475	798	1,672
Treated for first time	306	346	718	1,370
Made dentally fit	185	374	711	1,270
Attendances for treatment	863	2,013	925	3,801
(b) <i>Treatment provided :</i>				
Teeth filled	253	500	151	904
Teeth extracted	837	1,447	1,261	3,545
Silver Nitrate treatment	6	3	66	75
Dressings	42	74	97	213
Scalings with gum treatment	104	162	17	283
Scalings	35	72	9	116
Extractions under local anaesthetic	103	274	53	430
Administrations of general anaesthetics	232	277	609	1,118
Crowns and Inlays	—	1	—	1
Mothers supplied with dentures	76	273	—	349
(c) <i>Dentures supplied :</i>				
Full upper	40	184	—	224
Partial upper	35	81	—	116
Full lower	25	125	—	150
Partial lower	17	65	—	82

Number of sessions—433.

Radiographs—14.

A study of past annual dental reports reveals fairly wide variations in the aggregate numbers of patients "referred for dental treatment by Medical Officers" in successive years. In this respect there was a decrease of 7·4% over that recorded for the previous year. Of the number referred, 91·6% attended for inspection representing an improvement of 3·4%. The acceptance rate for treatment has remained remarkably constant; for instance, in the last two years it has stayed at 81·9% (in 1956 it was 81·1%). There was a fall of 4·4% in the number of patients treated and the effect of this was a corresponding decrease in most other items of treatment provided, the main items, viz., teeth filled, teeth extracted and dentures supplied showed percentage reductions of 4·8, 9·4 and 3·2 respectively. The filling to extraction ratio indicated a modest gain of 1·3%.

In the case of children the volume of treatment by conservative means, though still small, has nevertheless continued to increase in recent years relative to the number "found to be in need of treatment."

On the other hand treatment by extraction remains high, indicative to a large extent of the high incidence of dental decay in this class of patient.

Clinic Facilities

The expectant mother can readily obtain nowadays at the various health clinics sound advice on the correct diet to follow during her pregnancy and suitable baby foods are also available for the child after it is born, thus affording it a very real chance of developing a good deciduous dentition. In these circumstances it is a disheartening experience for the Dental Officer to observe, as he all too frequently does, the speed at which the "rot" seems to set in in a large proportion of cases. It is not uncommon to find deciduous teeth decaying even as they erupt and the remark made by mothers that "they came through like that" is one which is not unfamiliar to most Dental Officers.

Dental Caries

A number of surveys have from time to time been made on the incidence of caries in young children, but the results of these are anything but encouraging. One such survey of 1,909 children aged between two and five years of age was carried out in Liverpool Day Nursery Schools and covered the period 1949-1952. In the article entitled "Dental Caries in Children under 5 years" which relates to this survey, the author makes the following comment: "It is a sad reflection that all children who enter school have, on an average, five decayed teeth each . . ." and goes on to say, "no doubt the same situation exists in the majority of other similar communities"—an observation regrettably borne out by other investigators.

Treatment

Preservation of the deciduous teeth in the pre-school child by the traditional method of "filling" presents many problems not normally associated with other classes of dental patient, not the least being the low degree of tolerance exhibited by the very young child towards such procedures. It so often happens that by the time the child has reached an age when he is more amenable to treatment by this method, dental caries has already taken its toll and teeth have instead to be extracted. Greater emphasis must, therefore be placed on preventive methods such as proper diet and oral hygiene, since these alone can do much to reduce the caries rate, but experience has shown that in many instances parents themselves do not appear to appreciate the value of saving the primary teeth. Up to the time of going to school, parental discipline is, without doubt, a most potent factor, influencing the child, and it therefore seems logical that the main target in the fight against dental disease is the mother herself. Armed with the right kind of dental knowledge she is then in the position to exert her influence on the child to the best advantage.

The Health Visitor and Dental Education

The Ministry of Health has long recognised that health visitors could and should play a useful role in the dissemination of dental health propaganda. This is the view also of the Dental Health Committee of the British Dental Association, but they have expressed concern at the extent of dental health and hygiene instruction given to health visitors while under training. This, they consider, in general to be quite inadequate. A study of the training syllabus has been made and suggestions for expansion of that part of it relating to dental health have been conveyed to the Royal Society for the Promotion of Health, this being the appropriate body.

The memorandum on Dental Services provided by Local Health Authorities circularized by the Ministry of Health to Local Health Authorities in 1955 contains in Appendix II a comprehensive set of notes on the Promotion of Dental Health and arrangements were made for copies of these to be made available to health visitors at the various Cardiff Health Clinics.

In the early part of the year a scheme was inaugurated whereby health visitors were required to give weekly lectures to expectant and nursing mothers. The value of including items of dental interest and advice in these talks was appreciated and this has now been done with, it is hoped, beneficial results.

A New Clinic

The Public Health Clinic at Llanrumney to which I referred in my last annual report was completed and became operational at the close of the year. It is conveniently situated on the Llanrumney Estate itself and should prove a boon to those mothers, pre-school and school children living there, for whom it was meant to serve.

The Dental Clinic consists of a surgery measuring approximately 17ft. x 15ft. adjoining which is a small office, both fitted with large modern windows which face approximately north. Access to the surgery from the main waiting room is via two short corridors, and the dental office. Exit to the outside of the building is through a small porch which, in turn, adjoins the dental recovery room. This arrangement will allow ample acoustic protection which in my view is a very important consideration in dental clinic planning. The clinic is fitted throughout with the latest dental equipment, the surgery containing *inter alia* a Sterling Junior Unit with shadowless operating lamp attached, and the latest Sapphire model dental chair with child's seat and Murray Operating Stool. The general anaesthetic apparatus consists of the new Walton 4 model with modified yokes to take the pin index type of nitrous oxide and oxygen cylinders; this modification is important from the point of view of safety, since it effectively prevents the possibility of cylinders being wrongly attached to the machine. The office contains modern steel filing cabinets to take the standard 10ins. x 8ins. dental treatment cards.

The clinic then, in general, combines elegance and practicability and reflects great credit on the architect responsible for its design.

MIDWIFERY SERVICE

In June, 1957, the Midwifery Service undertaken jointly by the Municipal Midwives and the midwives of the Cardiff District Nursing Association was re-organised in such a way that strain on the staff of the Cardiff District Nursing Association was greatly reduced.

The areas of duty were so re-arranged that the Municipal Midwives took over all confinements on the outskirts of the city, and the midwives of the Cardiff District Nursing Association are not now required to cover all parts of the city, but restrict their activities to areas mainly adjacent to the city centre. The Municipal Midwifery Service provides an exclusive service in the following districts: Rumney, Llanrumney, Llanishen, Llandaff North, College Farm Estate, Llandaff City, Highfields (Llandaff), Fairwater, Ely, Victoria Park, Pencisely and the Insole Estate. The Cardiff District Nursing Association provides an exclusive service in: Central, Cathays, Plasnewydd, Roath, Birchgrove, Heath, Mynachdy, Docks, Adamsdown, Splott and Tremorfa. Both services are now available in Grangetown, Riverside, Pontcanna and Canton, and ante-natal clinics in the various areas are staffed by midwives of the appropriate service. Each service relieves the other where necessary.

As a result of the re-organisation, the distance covered by the midwives of the Cardiff District Nursing Association in answering calls has been considerably reduced, and the number of confinements adjusted between the two services, as illustrated by the figures for the last three years, shown below:—

DISTRICT	CARDIFF DISTRICT NURSING ASSOCIATION			MUNICIPAL MIDWIFERY SERVICE		
	1958	1957	1956	1958	1957	1956
1. Llandaff and Insole ..	2	8	8	7	6	2
2. Ely	41	92	107	234	210	191
3. Victoria Park	6	17	22	11	23	36
4. College Farm and Llandaff North	11	17	22	62	59	48
5. Mynachdy	16	7	21	18	8	13
6. Birchgrove	7	24	19	3	17	23
7. Llanishen	6	56	30	59	28	39
8. Cyncoed	1	3	5	—	—	—
9. Roath Park and Penylan ..	40	29	50	9	15	9
10. Llanrumney	24	127	113	172	51	27
11. Rumney	6	45	48	58	23	35
12. Tremorfa	25	14	11	12	24	27
13. Splott	82	74	90	36	56	58
14. Adamsdown	28	31	32	5	10	6
15. Plasnewydd	40	32	41	10	19	22
16. Cathays	118	45	58	11	46	33
17. Canton	78	68	63	99	74	69
18. Riverside	25	34	50	166	15	16
19. Grangetown	95	91	109	63	54	49
20. Docks	42	58	73	13	9	15
21. Central	31	49	31	3	3	14
22. Fairwater	9	40	46	65	46	39
23. Heath	23	17	18	7	11	11
24. Roath	97	98	53	11	19	14
TOTALS : ..	853	1,076	1,120	984	826	796

At the end of the year the midwives practising in the area were as shown :—

(a) Institutional

(i) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946 ..	74
(ii) Midwives employed in Nursing Homes ..	8

(b) Domiciliary

(i) Midwives employed by the Authority ..	16
(ii) Midwives employed by voluntary organisations under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	5
(iii) Midwives in private practice	2

Deliveries attended by midwives during the year were as follows :—

	Domiciliary Cases					Cases in institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority	4	56	73	848	981	—
(b) Midwives employed by Voluntary Organisations :—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	3	12	62	771	848	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	3,309
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	2	—	2	472
TOTALS ..	7	68	137	1,619	1,831	3,781

(This table relates to women delivered, not, in the case of multiple births, to infants)

Medical Aid under Section 14 (1) of the Midwives Act, 1951

The number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a midwife :—

(a) For Domiciliary cases

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	107
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(ii) Others	2
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(b) For cases in Institutions	—
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Administration of Gas and Air Analgesia by Domiciliary Midwives

This section of the report relates only to those midwives employed directly by the Local Health Authority (referred to as municipal midwives), and those midwives employed in the public midwifery service under Section 23 by voluntary organisations as agents of the Local Health Authority (referred to as midwives of the Cardiff District Nursing Association).

(a) *Midwives qualified to administer analgesia*

At 31st December, 1958, all municipal midwives were qualified in the administration of gas and air analgesia, and the five practising midwives of the Cardiff District Nursing Association were similarly qualified.

(b) *Possession of apparatus*

At the end of 1958 the municipal midwives possessed seventeen sets of the necessary apparatus for the administration of analgesia, and seven sets of apparatus were available for the use of the midwives of the Cardiff District Nursing Association.

(c) *Administration during the year*

The total administrations, total confinements and resulting percentages of administrations to confinements were as follows :—

		<i>Total Administrations</i>	<i>Total Confinements</i>	<i>Percentage</i>
Municipal Midwives ..	..	726	981	74·01
Midwives of the Cardiff District Nursing Association ..	..	585	848	68·99
Combined Total ..	..	<hr/>1,311	<hr/> 1,829	<hr/> 72·23

(d) Development of gas and air analgesia since 1947.

<i>Year</i>		<i>Total Administrations</i>	<i>Total Confinements</i>	<i>Percentage</i>
1947*	..	395	2,197	13·43
1948	..	1,085	2,113	51·35
1949	..	1,294	2,111	61·29
1950	..	1,314	1,996	65·83
1951	..	1,324	1,903	69·57
1952	..	1,404	1,951	71·96
1953	..	1,449	1,986	72·96
1954	..	1,628	2,148	75·79
1955	..	1,424	1,878	75·83
1956	..	1,351	1,914	70·59
1957	..	1,401	1,902	73·66
1958	..	1,311	1,829	72·23

* Commenced in June.

Institutional Midwives qualified to administer gas and air analgesia

The number of institutional midwives in practice at the end of the year qualified to administer inhalational analgesia in accordance with the requirements of the Central Midwives' Board :—

(a)	Employed in hospitals in the National Health Service ..	..	74
(b)	Employed in private nursing homes ..	..	7

Pethidine

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year, was as follows :—

		<i>When doctor was not present at time of delivery of child</i>	<i>When doctor was present at time of delivery of child</i>	<i>Total</i>
Municipal Midwives	..	485	49	534
Midwives of the Cardiff District				
Nursing Association	..	307	32	339
TOTAL	..	792	81	873

Transport

At the end of the year motor car allowances were being paid to 11 midwives using their cars in connection with the service.

Supervision

Officers of the Department made 161 visits of inspection of midwives.

HEALTH VISITING

At the end of the year the staff consisted of the Superintendent, Deputy Superintendent and 51 health visitors (one half-time), there being one vacancy. The equivalent time of 39 health visitors was devoted to the full range of duties which includes general health visiting, school nursing, tuberculosis visiting, mental deficiency routine visiting and care of the aged. The remainder were undertaking particular duties which had been assigned to them and which include the hospital follow-up schemes, care of premature infants, liaison with the Chest Clinic, B.C.G. vaccination, immunisation and mental health work.

To relieve health visitors, four State Registered Nurses are employed on duties at clinics, centres and schools.

Home Visiting

A summary of the work carried out by Health Visitors is as follows :—

Births—First Visits	..	..	..	..	4,232
Births and Infant Deaths—combined visits	..	..	..	..	31
Still-birth investigations	..	..	..	..	93
Infant death investigations	..	..	..	..	87
Routine re-visits of children—					
Under 1 year	..	..	..	..	14,995
Over 1 and under 2 years					10,112
Over 2 but under 5 years					27,615
Ante-natal	..	..	{	First visits	1,152
				re-visits	729
Post-natal	..	..	{	First visits	3,755
				re-visits	1,236
Ophthalmia Neonatorum			{	First visits	52
				re-visits	51
Immunisation	..	..	{	First visits	4,970
				re-visits	1,318
Vaccination	..	..	{	First visits	3,810*
				re-visits	948
B.C.G.	..	..	{	First visits	1,225
				re-visits	785
Whooping Cough	..	..	{	First visits	3,066*
				re-visits	894
Cardiac visits	..	..	{	First visits	175
				re-visits	679
Premature infants	..	..	{	First visits	202
				re-visits	1,833
Nutritional	..	..	{	First visits	107
				re-visits	171
Paediatric	..	..	{	First visits	794
				re-visits	924
Diabetic	..	..	{	First visits	126
				re-visits	405
Gastric	..	..	{	First visits	18
				re-visits	38
Tuberculosis	..	..	{	First visits	418
				re-visits	5,896
Asthma	..	..	{	First visits	163
				re-visits	79
Special V.D.	..	..	{	First visits	19
				re-visits	24
Mental Deficiency	..	..	{	First visits	95
				re-visits	2,012
Mental Health	..	..	{	First visits	149
				re-visits	547
Geriatric	..	..	{	First visits	476
				re-visits	1,259
Home Help Cases	..	..	..	..	45
Problem Families	..	..	{	First visits	82
				re-visits	874
Clinic visits	..	..	..	..	666
Ineffectual visits	..	..	..	..	10,229
Other unclassified visits	..	..	..	..	5,470
					<hr/>
					108,265

* The figures for Whooping Cough and Vaccination "first visits" are shown, but are not added into the total, as these visits are also recorded under the headings which the visits primarily concerned.

HOME NURSING

At the end of 1958 the nursing staff consisted of 26 whole-time and three half-time State Registered Nurses (including one male), making a total whole-time equivalent of 27·5. In addition there were seven student Home Nurses (equivalent to 4·6 whole-time nurses and one State Enrolled Assistant Nurse. Seven student nurses completed the training during the year. Whilst the staff situation remains satisfactory, vacancies being filled as they occurred without having to advertise, increasing demands on the service will necessitate an increase in the establishment.

The usual facilities for observing the work of the domiciliary nursing service were offered to 20 students undertaking the Health visitors' course at the Welsh National School of Medicine, and to 58 student nurses from Cardiff Royal Infirmary.

The special need for a laundry service in the City for incontinent patients nursed at home has already been recognised and at the end of the year negotiations with the Cardiff Hospital Management Committee, with a view to using the laundry at one of the local hospitals, were still going on. However, it was quite certain that such a service would be provided in the early months of 1959.

Pressure on the Home Help Service affects the needs of elderly sick patients who at present cannot claim a high degree of priority and the allocation of a number of Home Helps specially for these patients would greatly assist the nursing service, on which the demands of the elderly for increased attention largely fall.

Chiropody Service

Through the generosity of a special fund known as "The Marchioness of Bute Fund," it was possible to provide a chiropody service for bed-ridden and house-bound patients. These, in the main, are elderly persons, 27 having received treatment since the commencement of the service in July, 1958. The service is very much appreciated by the patients.

A summary of new cases, visits, etc. during 1958, is as follows :—

Number of New Cases	3,841
Cases Carried Over from 1957	938
Total	4,779

Classification of Cases and Visits

	<i>Cases</i>	<i>Visits</i>
Medical	3,764	99,394
Surgical	642	16,977
Infectious Diseases	6	52
Tuberculosis	253	17,296
Maternal Complications	3	16
Others	111	1,116
	4,779	134,851

Sources from which Cases were Referred

General Practitioners	3,641
Hospital	62
Public Health Department—School Health Service	} 21
Maternal & Child Welfare	
Miscellaneous	117
Brought forward	938
	4,779

Analysis of Diseases and Disorders Requiring Treatment or Attention

Disease or Condition	Cases	Visits
Cancer	232	8,418
Heart and Circulatory	490	14,736
Respiratory	560	5,697
Diabetes	129	24,135
Tuberculosis—General	83	737
Streptomycin	170	16,559
Eye Diseases	11	106
Rheumatism	2	36
Rheumatoid Arthritis	69	4,442
Infectious Diseases	6	52
Children	301	2,184
Maternity Cases	3	16
Senility	250	8,678
Cerebral Haemorrhage	180	7,761
Anaemia	300	10,830
Gynaecological	111	1,116
Parkinsonism	3	149
Arterio and Disseminated Sclerosis	13	980
Fractures	33	1,703
Enemas and Rectal Washouts	549	1,294
Spastics	3	201
Other Injections	473	2,096
Miscellaneous	166	5,948
Surgical Cases	642	16,977
	<u>4,779</u>	<u>134,851</u>

DOMESTIC HELP SERVICE

Details of the service provided during the year are as follows :—

Number of Home Helps employed at the end of the year :—

Whole-time	25
Part-time	128
	<u>153</u>

Cases in which help was provided :

Maternity	126
Tuberculosis	49
Chronic Sick	94
Aged and Infirm	589
Mental	2
Blind	36
Acute Sick	33
Miscellaneous	126
	<u>1,055</u>

Charges—cases in which :

Whole fee charged	14
Part fee charged	1,040
Service provided free	1
	<u>1,055</u>

VACCINATION AND IMMUNISATION

Vaccination against Smallpox.—It is very gratifying this year to report that the total number of vaccinations (2,921) is a further increase over the previous year, which was itself the highest since 1951. In 1951, there were 3,067 vaccinations, but 600 of them were of hospital staffs who were vaccinated following a circular from the Ministry of Health.

Of particular significance is the further increase in the number of children under one year who were vaccinated in 1958, a total of 2,078. This has been attained during a year in which smallpox has not been particularly in the public mind, although a small outbreak in Cheshire did receive some press publicity. Of course, the normal methods of propaganda have continued, such as the letter sent to parents within a month of a child's birth, the visits of the health visitor and the appointments to attend vaccination clinics. Every opportunity is given for parents to attend a clinic reasonably near their homes and eleven clinics are held each month, generally on the same day and place as the district infant welfare clinic.

General practitioners have continued to play their part in the smallpox vaccination programme and during the year 34 per cent of primary vaccinations and 87 per cent of re-vaccinations were carried out by them, the re-vaccinations being mainly persons who were going abroad. In several of the larger practices regular sessions are held for the purpose of vaccination and immunisation.

In the following table vaccinations and re-vaccinations are shown in separate age groups and the work done by general practitioners is also indicated separately.

				<i>By Public</i>	<i>By Private</i>	
				<i>Health Dept.</i>	<i>Practitioners</i>	<i>Total</i>
PRIMARY VACCINATIONS						
Under 1 year	..	..	..	1,528	550	2,078
1 to 2 years	..	..	..	29	40	69
2 to 4 years	..	..	..	17	35	52
5 to 14 years	..	..	..	3	48	51
15 years and over		..	..	27	113	140
			Totals	1,604	786	2,390
Insusceptible	..	..	..	27	26	53
				<i>By Public</i>	<i>By Private</i>	
				<i>Health Dept.</i>	<i>Practitioners</i>	<i>Total</i>
RE-VACCINATIONS						
Under 1 year	..	..	..	—	—	—
1 to 2 years	..	..	..	—	—	—
2 to 4 years	..	..	..	—	10	10
5 to 14 years	..	..	..	4	66	70
15 years and over		..	..	63	388	451
			Totals	67	464	531

No case of post-vaccinal encephalitis was reported during the year.

For comparison with previous years the following table gives details of primary and re-vaccinations since 1950. A separate column shows the primary vaccination of infants under one year and this figure expressed as a percentage of the births each year is the most satisfactory method of indicating the scale of vaccination each year. From this table it can be seen that the steady increase in the percentage of vaccinations under one year has been maintained.

Vaccination against Smallpox

Year	Primary Vaccinations		Re-vaccinations	Births (4)	Percentage of Vaccinations under 1 year (Col. 1) to Births (Col. 4) (5)
	Under 1 year (1)	All Ages (2)	All Ages (3)		
1950 ..	1,684	1,936	414	4,402	38.3
1951 ..	1,767	2,156	911	4,234	41.7
1952 ..	1,819	2,133	435	4,351	41.8
1953 ..	1,752	2,024	291	4,421	39.6
1954 ..	1,709	2,016	367	4,320	39.6
1955 ..	1,745	1,957	341	4,187	41.7
1956 ..	1,918	2,166	390	4,467	42.9
1957 ..	1,980	2,360	521	4,595	43.1
1958 ..	2,078	2,390	531	4,577	45.4

The figures issued by the Welsh Board of Health for 1958 show that only Anglesey and Caernarvonshire exceeded Cardiff in the percentage of children under one year vaccinated, the percentages being 48.8 and 56.3 respectively. However the figure for Wales as a whole was only 32.1 per cent and for England 45.3 per cent, whilst Cardiff was 45.4 per cent.

Diphtheria Immunisation

Despite the greatly increased interest of the public in vaccination against poliomyelitis the high level of primary diphtheria immunisation was maintained and even increased. It would appear that continual propaganda over the years has proved so effective that parents now consider immunisation against diphtheria and whooping cough (and to a lesser degree, vaccination against smallpox) as normal events in the "bringing up" of baby. Of course, it is still necessary to maintain a high degree of active propaganda and to make this as personal as possible. It is not only essential to inform the parents of the necessity of immunisation but also continually to bring to their notice the facilities which are available.

In the City the five centres at which children may receive immunisation are clinics, the mobile unit, general practitioners' surgeries, or their own homes and schools. Sixteen clinics are available for immunisation and wherever possible, these clinics are held on the same day as the infant welfare clinics. This arrangement often enables the mother to visit the clinic once only for four purposes, viz. : to have baby weighed, to consult the health visitor or medical officer, to purchase the necessary baby food and also to have baby immunised. At the large infant welfare clinics, of course, this is not always possible and special immunisation clinics are arranged to cover these circumscribed, highly populated areas. There is of course, a small number of parents who will not take the trouble or who are, for various reasons unable to bring their children to the clinic for immunisation; in these cases the mobile unit will call at the home in order to immunise the child. If this service were not provided over 25 per cent of children would probably not receive protection against diphtheria and whooping cough at least until they commenced school. Another very important link in the scheme for immunisation is the family doctor and this year over 12 per cent of the total children protected were immunised by the general practitioner. A small number of children received primary immunisation whilst attending school. These are children whose parents had refused the treatment earlier.

During the year 4,132 children received primary immunisation against diphtheria. The number immunised by general practitioners was 524, an increase of 98 on last year. There were 209 definite refusals and 35 children whose parents refused to complete the treatment after only one injection.

Following are the details of where and by whom children were given primary immunisation against diphtheria and whooping cough :

Special Clinics	..	..	..	..	..	1,466
Mobile Unit	..	..	..	..	..	1,085
Infant Welfare Clinics	..	..	..	..	..	1,026
Schools	..	..	..	..	..	31
Private Practitioners	..	..	..	..	..	524
						<hr/> 4,132 <hr/>

Children immunised against diphtheria alone numbered 166.

Apart from primary immunisation other work in connection with diphtheria is summarised as follows :—

Number given Booster doses—

1—4 years	..	..	..	..	62
5—14 years	..	..	..	..	3,172

The following table gives details of where and by whom children under five years of age were immunised each year since 1950. The figures show that an increasing number of children are being immunised by the general practitioner, that more children are being immunised at the clinics and also that there is a steady decline in the number immunised by means of the Mobile Unit.

**Details of where and by whom children under five years received
Primary Immunisation 1950-58**

Year	Infant Welfare and Special Clinics		Mobile Unit		Gen. Practitioners		Total
	Number	%	Number	%	Number	%	
1950	2,228	51·9	1,759	41·0	303	7·1	4,290
1951	1,806	45·5	1,857	46·7	313	7·8	3,970
1952	1,681	44·5	1,828	48·4	266	7·1	3,775
1953	1,778	46·8	1,741	45·8	282	7·4	3,801
1954	2,866	68·3	1,012	24·2	316	7·5	4,194
1955	2,277	61·2	1,032	27·8	408	11·0	3,717
1956	2,512	61·9	1,146	28·3	400	9·8	4,058
1957	2,295	63·6	891	24·6	427	11·8	3,613
1958	2,492	60·9	1,085	26·5	524	12·6	4,101

The return now required by the Ministry of Health follows. In this return no child is shown as being immunised unless he has received a primary course of immunisation or a booster dose within five years.

**Number of children at 31st December, 1958 who had completed a course of Immunisation
before that date (i.e. at any time since 1st January, 1944)**

Age on 31st December, 1958 i.e., born in year		Under 1 year 1958	1-4 1957-1954	5-9 1953-1949	10-14 1948-1944	Total under 15 years
A	Last complete course of injections (whether primary or booster) 1954-1958	984	14,413	12,660	12,219	40,276
B	1953 or earlier	—	—	7,434	9,069	16,503
C	Estimated mid-year child population	4,460	16,840	40,800		62,100
Immunity Index 100 A/C ..		22·1%	85·6%	61·0%		64·9%

The immunity index figure for Wales was 42·2 per cent and for England 47·0 per cent. Once again in Wales only Anglesey with an index of 66·7 per cent was higher than Cardiff.

The following table illustrates the present trend in Cardiff and England and Wales with regard to diphtheria immunisation.

Immunisation Index for England, Wales and Cardiff 1954-1958

	1954	1955	1956	1957	1958
England ..	49·2	49·7	49·2	48·2	47·0
Wales ..	43·5	44·6	44·5	43·9	42·2
Cardiff ..	67·3	68·0	70·5	69·1	64·9

POLIOMYELITIS VACCINATION

At the beginning of the year all children over one and under ten years of age had been offered at least one appointment for vaccination and at that time about 40 per cent of the group had received two injections. However, the Ministry of Health decided that enough vaccine would be available to offer vaccination to all children born between 1943 and 1957. Special groups, namely, expectant mothers, general practitioners and their families, ambulance personnel and their families were also to be offered vaccination. In addition, staff of infectious diseases hospitals and their families were included in the special groups.

In order that vaccine would be available to vaccinate the new groups it had become necessary to import Salk vaccine from America and Canada although this vaccine, as well as being tested in the country of origin was also being tested by the Medical Research Council before issue to local authorities. When offering vaccination it was necessary to give a choice between early vaccination with Salk vaccine or later vaccination with the British-type vaccine. During the first three or four months of the year the arrangements worked quite satisfactorily and generally about 90 per cent of those offered vaccination were willing to accept Salk vaccine which was M.R.C. tested.

However, at this time supplies of British vaccine became very short and in order to keep up with the heavy programme of vaccination it became necessary to import Salk vaccine without the M.R.C. test. This of course, gave the public a third choice. Generally speaking this did not deter parents who wished their children to be vaccinated as soon as possible from consenting to Salk vaccine which had not been M.R.C. tested. From then on the programme went ahead steadily until by September most of the groups who had consented had received two injections.

In September it was decided that the scheme could be further extended to include all persons born since 1933, as well as all hospital and nursing home staffs and their families. The Ministry of Health also decided that it was now possible to begin to give a third (booster) dose to those who had already been given two injections. Naturally, arrangements for vaccinating persons from 15 years up to the age of 25 years presented special difficulties owing to this particular age range not being available in large groups or convenient numbers, as in the case of school children. However, as a start, it was decided to hold evening sessions at various clinics in the City without appointment and a series of advertisements were put in the local press announcing the arrangements. The first evening clinic was held on the 3rd November and by the end of the year, 1,663 persons in this group had been given two injections.

**Number of children at 31st December, 1958 who had completed a course of
Immunisation before that date (i.e. at any time since 1/1/1944)**

Age at 31st December, 1958 i.e. born in year	Under 1 year 1958	1-4 years 1957-1954	5-9 years 1953-1949	10-14 years 1948-1944	15-25 years 1943-1933
Received two injections ..	171	9,410	12,797	15,221	4,845
Estimated Population ..	4,460	16,840	40,800		40,000
Percentage Vaccinated ..	3.8%	55.8%	68.7%		12.1%

In addition to the above age-groups the following special groups were also given two injections :

Expectant Mothers	316
General Practitioners and Families	114
Hospital Staff and Families	189
Ambulance Staff and Families	20

Total number all groups given third booster dose—7,288.

PROTECTION AGAINST WHOOPING COUGH

There were only 105 notifications of whooping cough during the year. This is the lowest number since the disease was made notifiable in October, 1939, and is only the third occasion when less than 200 cases have been notified in a year. There were no deaths from whooping cough during the year.

Notifications of Whooping Cough by age and sex, 1948-58

Year	Under 1 year		1-2 years		2-3 years		3-4 years		4-5 years		5-10 years		10-15 years		15 yrs. and over		Total Sexes		Totals
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1948	47	28	38	47	36	40	23	59	32	63	41	67	-	3	3	4	220	311	531
1949	51	43	50	66	68	87	64	66	52	53	111	90	4	7	1	3	401	415	816
1950	59	52	57	51	64	73	70	87	60	98	83	108	2	3	4	6	399	478	877
1951	79	65	90	86	105	92	106	123	118	99	127	138	3	7	6	23	634	633	1,267
1952	25	30	21	25	36	35	36	25	28	29	58	54	1	2	1	2	206	202	408
1953	72	45	68	54	73	67	63	71	79	99	160	206	1	4	1	7	517	553	1,070
1954	25	33	25	19	34	38	22	36	31	36	77	85	1	2	-	3	215	252	467
1955	6	13	3	6	9	12	6	11	5	10	13	16	1	-	-	1	43	69	112
1956	30	41	16	15	30	28	33	35	41	40	122	121	6	9	-	3	278	292	570
1957	34	44	19	29	25	33	33	31	36	40	123	111	8	10	1	10	279	308	587
1958	10	9	6	9	2	10	6	7	9	5	10	20	1	-	-	1	44	61	105

The percentages of the total cases in the various age groups illustrate that the highest incidence is in children under one year. The figures in the last column (5—10 years) are not separable into individual ages for the whole period and are therefore shown as one group.

Percentage of total cases shown in Age Groups, 1948-58

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years
	%	%	%	%	%	%
1948	14.1	16.0	14.3	15.4	18.3	20.3
1949	11.4	14.2	19.0	16.0	12.8	24.6
1950	12.6	12.3	15.6	17.9	18.0	12.2
1951	11.3	13.1	15.5	18.0	17.3	20.9
1952	13.5	11.3	17.4	14.9	14.0	27.4
1953	10.9	11.4	13.9	12.5	16.6	34.2
1954	12.4	9.4	15.5	12.4	14.3	35.3
1955	16.9	8.0	18.8	15.2	13.4	25.9
1956	10.7	5.4	10.2	12.0	14.2	42.6
1957	13.3	8.2	10.0	10.9	13.0	39.9
1958	18.1	14.3	11.4	12.4	13.3	28.6

In the following tables are given the births for the years 1951-58, the number of children in age groups who have received protective treatment against whooping cough and the percentage of children in the different age groups who have been protected. The figures for the different age groups of those treated in 1951, and 1952 are not available. Treatment at that time was carried out by the Medical Research Council and these details were not kept.

Children Protected against Whooping Cough

Year	No. of Births	NUMBER PROTECTED					Total
		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	
1951	4,327	—	—	—	—	—	2,000
1952	4,351	—	—	—	—	—	2,000
1953	4,421	1,377	437	111	48	19	1,992
1954	4,492	2,425	766	138	68	16	3,413
1955	4,187	2,483	921	49	20	11	3,483
1956	4,467	2,987	763	48	23	16	3,837
1957	4,595	2,699	633	42	12	6	3,392
1958	4,577	3,051	824	59	17	12	3,963

Percentage of Children of the different age groups protected against Whooping Cough

Year	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 *
	%	%	%	%	%
1953	31.1	10.0	2.6	*	*
1954	54.6	48.5	10.9	4.1	*
1955	59.3	74.5	49.6	13.7	*
1956	66.8	75.1	75.6	50.1	*
1957	58.8	81.0	78.5	75.8	50.2
1958	65.6	76.7	82.1	79.0	76.0

* Figures not available. See note to previous table.

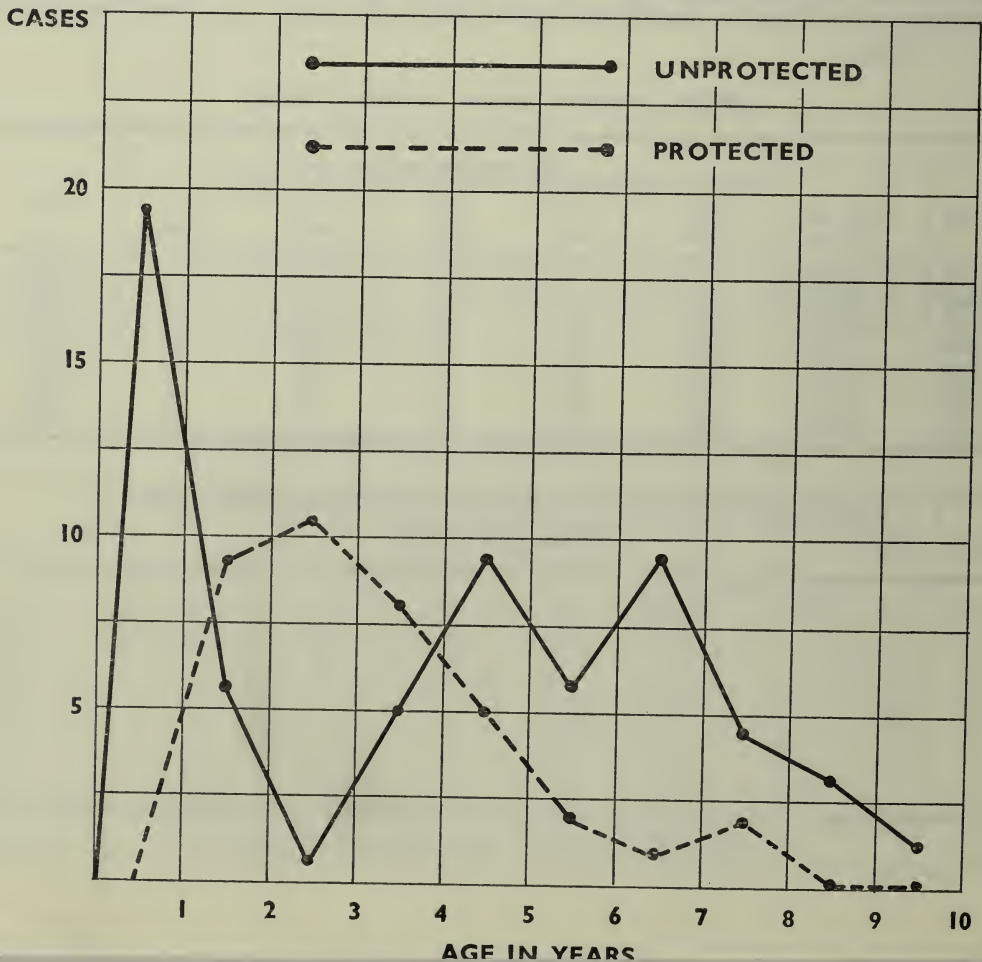
Whooping cough morbidity in the protected and unprotected groups shows little general change from the previous year, although as the numbers of cases involved are much smaller only a very limited picture is available.

Ages of cases of Whooping Cough which occurred in the Protected Group in 1958

Year whooping cough vaccine was given	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	Total
1958	—	5	—	—	—	—	—	—	—	—	5
1957	—	4	4	—	—	—	—	—	—	—	8
1956	—	—	7	6	—	—	—	—	—	—	13
1955	—	—	—	2	4	—	—	1	—	—	7
1954	—	—	—	—	1	1	1	—	—	—	3
1953	—	—	—	—	—	1	—	1	—	—	2
TOTAL ..	—	9	11	8	5	2	1	2	—	—	38

Of special note is the high incidence of unprotected children under one year who contracted whooping cough and also the steady decline in the number of cases of this disease in protected children from the age of two years and over. This is well illustrated in the following graph.

**RELATIVE INCIDENCE OF WHOOPING COUGH
IN PROTECTED AND UNPROTECTED CHILDREN**



B.C.G. VACCINATION

The following tables give details of B.C.G. vaccination in 1958 in child contacts of cases of tuberculosis and 13 year old school-children.

Table I. B.C.G. VACCINATION WORK, 1952 TO 1958

	1952	1953	1954	1955	1956	1957	1958
Number of contacts attending clinics	754	1,334	1,021	1,174	1,287	1,458	1,474
Number of contacts given B.C.G. vaccination	283	617	468	431	607	849	851
Number of contacts found Mantoux Positive	117	186	159	121	138	139	118
Number of contacts given annual skin tests after B.C.G. ..	109	315	481	615	145	894	824
Number of contacts re-vaccinated	18	45	19	11	10	3	2
Number of others given B.C.G. (nurses, medical students, etc.) ..	19	89	105	298	225	147	64
Number of contacts from outside Cardiff given B.C.G.	16	19	32	44	36	51	85
Number of home visits made by B.C.G. health visitors ..	617	825	764	693	1,082	1,156	1,225
Number of re-visits made by B.C.G. health visitors ..	293	667	871	932	1,001	997	785
SCHOOLS							
Number offered B.C.G.	—	406	5,010	4,746	2,910	3,490	2,378
Number tuberculin skin tested	—	364	4,147	3,643	2,247	2,881	1,946
Number found tuberculin negative	—	255	3,016	2,790	1,787	2,410	1,562
Number given B.C.G.	—	186	2,876	2,653	1,757	2,410	1,562

Table II. The proportion of Tuberculin Positive Reactors among 13-year-olds between 1954 and 1958

Year	13-year-old Children		Percentage found Positive
	Tested	Positive	
1954 ..	1,173	282	24
1955 ..	1,885	352	24
1956 ..	1,919	360	22
1957 ..	2,504	426	18
1958 ..	1,872	367	19

Table III. Details of Children Tuberculin Tested and given B.C.G. in Schools during 1958 and 1957

	AGE OF CHILDREN			Total	1957
	13 years	14 years	15+ years		
Number of children offered B.C.G.	2,298	56	24	2,378	3,490
Number of refusals	426	2	4	432	619
Number of children tested	1,872	54	20	1,946	2,881
Number of positive reactors	367	10	7	384	471
Number given B.C.G.	1,504	44	13	1,562	2,410

Table IV. Details of Post B.C.G. Tuberculin Tests carried out during 1958

Year B.C.G. given	Tuberculin Tested 1958	Definitely Positive	Per cent Positive	Doubtful Positive	Tuberculin Negative	Number Revaccinated
1954	223	223	100·0	—	—	—
1955	643	639	97·8	4	—	—
1956	1,233	1,196	97·0	27	10	4
1957	1,574	1,533	97·0	12	29	25

In June the scheme for annual tuberculin testing of all children was begun, details of which are given elsewhere in the Report. As the work has been carried out by this section a summary is given herewith.

Summary of Annual Skin Testing of all children since June, 1958

Total Tested	Previously given B.C.G.			Unvaccinated Children		
	Tested	Negative	Positive	Tested	Negative	Positive
19,775	2,441	107	2,334	17,334	15,833	1,501

AMBULANCE SERVICE

Analysis of Journeys, 1st January — 31st December, 1958

(a) Patient-Carrying :

	<i>Journeys</i>	<i>Patients</i>	<i>Mileage</i>
Emergency	3,327	3,408	25,604
Accident	1,480	1,638	7,490
Outpatients	14,663	39,130	110,308
Others	11,721	15,100	92,216

(b) Occupation and Training Centre :

..	400	3,958	4,473
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31,591	63,234	240,091
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(c) Abortive and service journeys	1,062		5,792
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(d) Transporting of Midwives, apparatus, etc. ..	1,623		12,396
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TOTALS	34,276	63,234	258,279
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Totals for the year 1957	(33,028)	(60,465)	(248,053)
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Stretcher cases included in above		16,083	91,295
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Sitting cases included in above		47,151	148,796
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63,234	240,091
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Average mileage per journey	7·54
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Average mileage per patient	3·89
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PREVENTION OF ILLNESS — CARE AND AFTER-CARE

PROBLEM FAMILIES

Health Departments, which are concerned with the promotion of physical and mental health of infants and children, find that they have little impact on the appallingly low standards of living of some families. The parents in these families will not, or more commonly cannot, develop a reasonable standard of responsibility towards their affairs, their family or property, whether it be their own or that belonging to others. A large proportion of the so called breadwinners do no more than collect National Assistance Benefit, which is frittered away on non-essentials. Rents are not paid, furniture is neglected, beds filthy, urine soaked, unmade and not adequately covered. The house, clothes and children are filthy and even the milk bottles not put out for the milkman. Nearly every one of these homes now has a television set, which must be a great beneficial influence to the home. The children are entertained by it and kept in the house instead of wandering aimlessly in the street. The children from these homes cling tight at their attachment as if living on a brink of disaster, the severance of this connection would annihilate them. The value these children put on their relationship with their appallingly unsatisfactory parents is often amazing considering what they get in return in warmth, comfort, food, enjoyment or love. The tragedy is these children stand by their parents, who by example if not active encouragement teach their children to be anti-social, irresponsible and dirty. These children see little of a reasonable way of living and they learn nothing better as their attendance at school is poor.

Illnesses such as bronchitis and pneumonia, impetigo, non specific diarrhoea and dysentery are frequent among these children. They are invariably verminous. Accidents in the home, including fatal accidents occur with amazing frequency. Although the families are often large and catastrophies are common the children generally survive, but between the ages of 9 and 13 they start to make their appearance at the juvenile courts, often ending with a period of approved school training.

The complete inability of these families to cope satisfactorily with money, property, food, clothing, cleanliness, maintenance of health, school attendance etc., gives rise to concern to a variety of statutory and voluntary authorities. These families become known as problem families because they present themselves as continual, and to all appearances insoluble problems to these authorities.

In 1950 all voluntary and statutory authorities concerned in any way with problem families were invited to attend a Case Conference at the City Hall under the Chairmanship of the Medical Officer of Health. These case conferences have been held regularly every month since. Their purpose is for all these authorities to interchange information regarding the material and advisory help given to the particular families brought up for discussion and to discuss what action should be taken to help the family in future. Cases are reviewed regularly, usually at six monthly intervals. The conference is usually attended by representatives of the Health Department (Medical Officer, and Health Visitors) Estates Department, Education Welfare, National Assistance Board, Probation Officers, N.S.P.C.C. Family Welfare Association, Society of St. Vincent de Paul, British Red Cross Society, W.V.S. etc.

As a result of these meetings, welfare work is more co-ordinate and there is less duplication. Whilst some families improve as a result of this work, others remain completely unchanged and resist all concentrated efforts to improve their standard of living. They occupy a great deal of time and energy and give concern to a number of workers who have nothing to show for all their efforts.

During 1958 it was considered that as some families remained obvious problem families in spite of friendly advice, threats or prosecutions, some new approach should be

made to these failures. A full-time social worker was appointed to the staff of the Health Department with the sole duties of undertaking concentrated welfare work with about a dozen established problem families. The approach of the social worker was expected to be a different one from that of the health visitors and as she was encouraged to undertake concentrated work there may be some obvious improvement and the children would have better homes and be less likely to become delinquents. It is too early, as yet, to evaluate the impact of the social case worker on these families. In fact, whereas she commenced duty on the 1st December, she was unfortunately obliged to go off for one month's sick leave to undergo operative treatment and did not return until after the year had ended. She did, however, attend the Co-ordinating Conferences in October and November when the twelve families were selected as an initial case load. Home visiting was not commenced until January, 1959, so a full report on her work will be given in the report for that year.

MENTAL HEALTH SERVICES

Following the report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in 1957, the Local Health Authority submitted schemes to build two 20 bed hostels and two additional wings at the Occupation and Training Centres, in anticipation of their increased responsibilities for community care.

The publication of the Mental Health Bill in December, 1958, which was the obvious outcome of the Commission's Report, confirms the main recommendations of the Report, and there is no doubt that once the Bill becomes law it will revolutionise the Mental Health Services and community care will replace hospitalisation of patients to a great extent. Obviously, therefore, the community care services will be faced with increasing responsibilities in catering for the mentally disordered of all types, and it will call for the full co-operation of the general public in accepting these disordered persons as members of the community. It is essential too, that the public are educated to accept this development in the social services. The religious and voluntary organisations also can do a great deal in helping, as it has been frequently experienced in the past that such organisations are very anxious to pass these cases over to the Authorities as matters beyond their powers.

Mental Illness

Table I gives details of the cases dealt with by the duly authorised officers, and it will be observed that 662 cases were dealt with in 1958, a decrease of 39 cases from the 701 cases dealt with in 1957.

Of those admitted to hospital only 1 case was certified.

The need for beds continues to be a major problem, and 1958 saw no easement in the long waiting list of senile dementia cases.

Mental Defectiveness

The testing of urine specimens for phenylketonuria which was started in 1957, developed into a testing service for all babies born in the city, and since March, 1958, when the service was fully established, one definite case was detected and several others were referred for further investigation.

A short-stay home was again operated during August by the Parents' Association at the Preswylfa Occupation Centre and 25 children were catered for. Once again the Association are to be commended for this excellent effort which gives the parents a well deserved respite from the worry and strain of looking after their handicapped children.

The statistical tables, including those conforming to the requirements of the Ministry of Health, are submitted.

TABLE I Lunacy and Mental Treatment Acts. Work of the Duly Authorised Officers during 1958.

	Cardiff			Other Authorities			Total		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
(1) Number of Cases dealt with during 1958									
The Cases were dealt with as follows :—									
(i) Admitted to Mental Hospitals :									
(a) Whitchurch Hospital—									
Certified	—	—	—	—	—	—	—	—	—
Voluntary	116	215	331	3	14	17	119	229	348
Temporary	4	3	7	—	1	1	4	4	8
Neurosis Unit	11	—	11	—	—	—	11	—	11
Absconded Cases returned	5	5	10	—	—	—	5	5	10
(b) Ely Hospital—									
Certified	—	1	1	—	—	—	—	1	1
Voluntary	29	41	70	3	3	6	32	44	76
Absconded Cases returned	1	—	1	—	—	—	1	—	1
(c) Other Hospitals—									
Certified	—	—	—	—	—	—	—	—	—
Voluntary	1	1	2	2	—	2	3	1	4
Temporary	—	—	—	—	—	—	—	—	—
Absconded Cases returned	2	—	2	—	—	—	2	—	2
(ii) Transferred to St. David's (Sick Wards)	39	39	78	5	4	9	44	43	87
(iii) Admitted direct to St. David's Hospital (Sick Wards)	9	12	21	—	—	—	9	12	21
(iv) Discharged home or to Welfare Authorities	26	48	74	—	2	2	26	50	76
(v) Placed in care of Police, Military Authorities, etc.	5	2	7	—	—	—	5	2	7
(vi) Died before certification	1	—	1	—	—	—	1	—	1
(vii) Other discharges	—	1	1	—	—	—	—	1	1
(viii) Transferred to Sick Wards, other Hospitals	—	1	1	—	—	—	—	1	1
(ix) Cases still under observation	4	3	7	—	—	—	4	3	7
Total	253	372	625	13	24	37	266	396	662
(2) Number of Cases seen by Psychiatrist in St. David's Hospital Sick Wards during 1958 :									
No action taken	41	59	100	—	—	—	41	59	100

TABLE II Summary of the Work of the Duly Authorised Officers 1949–1958.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Admitted to Mental Hospitals ..	298	305	267	291	347	348	364	419	455	448
Returned to Mental Hospitals ..	2	4	—	—	12	14	12	13	24	13
Transferred to Sick Wards ..	91	106	121	98	102	111	99	93	116	88
Admitted direct to Sick Wards	11	11	8	7	4	13	15	10	15	21
Discharged home or to Welfare Authorities	40	63	77	101	72	101	98	81	77	76
Placed in care of Police, Military Authorities, etc.	3	4	—	—	11	4	5	4	5	7
Died in Observation Wards ..	1	—	—	2	1	—	—	—	1	1
Other Discharges	—	1	2	—	2	—	2	1	1	1
Cases still under Observation ..	—	1	3	1	10	7	4	2	7	7
Total	446	495	478	500	561	598	599	623	701	662
Seen by Psychiatrist in Sick Wards—No action taken ..	N.R.	271	275	232	180	139	66	58	90	100

TABLE III Mental Deficiency Acts. Particulars of Cases reported during 1958.

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. PARTICULARS OF CASES REPORTED DURING 1958 :—									
(a) Cases ascertained to be defectives "subject to be dealt with." Action taken on reports by :—									
(i) Local Education Authorities on children									
(1) While at school or liable to attend school	13	10	23	—	—	—	13	10	23
(2) On leaving Special Schools	2	12	14	—	—	—	2	12	14
(3) On leaving Ordinary Schools	—	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—	—	—
(iii) Other Sources	—	1	1	—	2	2	—	3	3
TOTAL of 1 (a)	15	23	38	—	2	2	15	25	40
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	3	5	8	2	12	14	5	17	22
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	4	5	9	1	—	1	5	5	10
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b)	—	—	—	—	—	—	—	—	—
Total of 1(a)–(d) inc.	22	33	55	3	14	17	25	47	72
2. DISPOSAL OF CASES REPORTED DURING 1958 :—									
(a) Of the cases ascertained to be defective "subject to be dealt with," number :—									
(i) Placed under Statutory Supervision	14	17	31	—	1	1	14	18	32
(ii) Placed under Guardianship	—	—	—	—	—	—	—	—	—
(iii) Taken to "places of safety"	—	—	—	—	—	—	—	—	—
(iv) Admitted to Institutions	1	6	7	—	1	1	1	7	8
(v) Action not yet taken	—	—	—	—	—	—	—	—	—
(vi) Left Cardiff or Deceased	—	—	—	—	—	—	—	—	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with," number :—									
(i) Placed under voluntary supervision	2	4	6	2	12	14	4	16	20
(ii) Action unnecessary	5	6	11	1	—	1	6	6	12
(iii) Left Cardiff or Deceased	—	—	—	—	—	—	—	—	—
TOTAL of Item 2	22	33	55	3	14	17	25	47	72

TABLE IV

Number of Mental Defectives for whom care was arranged by the Local Health Authority under Circular 5/52 during 1958, and admitted to :—

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) National Health Service Hospitals	4	7	11	—	2	2	4	9	13
(b) Elsewhere*	—	—	—	—	—	—	—	—	—
TOTAL	4	7	11	—	2	2	4	9	13

* The Cardiff Branch of the National Society for Mentally Handicapped Children provided care for 25 patients at the Preswylfa Occupation Centre in Cardiff during August, 1958.

TABLE V.

Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1958, who ceased to be under any of these forms of care during 1958.

	Under 16 years			Over 16 years			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Ceased to be under Care :—									
(i) Transferred to Local Education Authority :									
(a) On reaching School Age	3	1	4	—	—	—	3	1	4
(b) Under Education (Miscellaneous Provisions), Act	—	—	—	—	—	—	—	—	—
(ii) No longer in need of									
(a) Statutory Supervision	—	—	—	—	—	—	—	—	—
(b) Voluntary Supervision	—	—	—	—	—	—	—	—	—
(iii) Admitted to Mental Hospital									
(a) From Statutory Supervision	—	—	—	—	—	—	—	—	—
(b) From Voluntary Supervision	—	—	—	—	—	—	—	—	—
(c) From Hospitals	—	—	—	—	—	—	—	—	—
(b) Died, Removed from Area, or Lost Sight of :—									
(i) Died under Statutory Supervision	—	—	—	2	—	2	2	—	2
(ii) Died under Voluntary supervision	—	1	1	—	—	—	—	1	1
(iii) Died in "Places of Safety"	—	—	—	—	—	—	—	—	—
(iv) Died whilst in Hospital	—	2	2	2	2	4	2	4	6
(v) Left Cardiff :									
(a) Statutory Supervision	—	—	—	—	3	3	—	3	3
(b) Voluntary Supervision	—	1	1	2	4	6	2	5	7
(vi) Lost Sight of									
(a) Statutory Supervision	—	—	—	—	1	1	—	1	1
(b) Voluntary Supervision	—	—	—	—	—	—	—	—	—
	3	5	8	6	10	16	9	15	24

TABLE VI

Disposal of Cases not included in Tables III (2) and V.

	Under 16 years			Over 16 years			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Admitted to Hospitals—									
(i) Under Order	—	—	—	3	1	4	3	1	4
(ii) Informally	2	—	2	6	5	11	8	5	13
Discharged from Order and detained on Informal Basis—									
(a) In Hospital	3	2	5	12	4	16	15	6	21
(b) Under Guardianship	—	—	—	—	—	—	—	—	—
Informal Cases left Hospital	—	—	—	—	—	—	—	—	—
Placed under Guardianship	—	—	—	—	—	—	—	—	—
Admitted to Places of Safety	—	1	1	1	2	3	1	3	4
Granted Licence	—	—	—	3	5	8	3	5	8
Licence revoked	—	—	—	4	2	6	4	2	6
Transferred from one Hospital to another	—	—	—	—	3	3	—	3	3
Transferred from Licence to Guardianship	—	—	—	—	—	—	—	—	—
Transferred from “Places of Safety” to Hospital	—	1	1	—	—	—	—	1	1
Discharged from “Places of Safety”	—	—	—	2	3	5	2	3	5
Admitted to Mental Hospitals	—	—	—	1	1	2	1	1	2
Discharged from Mental Hospitals	—	—	—	3	—	3	3	—	3
Absconded from Hospital	—	—	—	—	1	1	—	1	1
Discharged from Order :									
Licence	—	1	1	1	—	1	1	1	2
Hospital	—	—	—	1	4	6	1	4	5
Guardianship	—	—	—	—	—	—	—	—	—
Died in Mental Hospitals	—	—	—	—	—	—	—	—	—
Provided with Temporary Accommodation	4	7	11	—	2	2	4	9	13
Placed under Statutory Supervision	—	—	—	4	—	4	4	—	4
Placed under Voluntary Supervision	—	1	1	4	5	9	4	6	10
	9	13	22	45	38	83	54	51	105

TABLE VII

Mental Deficiency Acts. Statistical Return.

Total cases on registers at 31st December, 1958—

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Cases “Subject to be dealt with” :—	69	69	138	203	210	413	272	279	551
(i) Under Statutory Supervision	—	—	—	2	4	6	2	4	6
(ii) Under Guardianship	—	—	—	—	—	—	—	—	—
(iii) In “Places of Safety”	—	—	—	—	—	—	—	—	—
(iv) In Certified Institutions	26	15	41	147	114	261	173	129	302
(v) In State Institutions	—	—	—	7	2	9	7	2	9
(vi) On Licence from Institutions	2	—	2	3	4	7	5	4	9
(vii) Absconded from Institutions	—	—	—	—	1	1	—	1	1
(viii) Action not yet taken	—	—	—	—	—	—	—	—	—
(b) Cases not at present “Subject to be dealt with” :—									
(i) Under Voluntary Supervision	5	7	12	79	95	174	84	102	186
(ii) Action not yet taken	—	—	—	—	—	—	—	—	—
TOTAL ..	102	91	193	441	430	871	543	521	1064

TABLE VIII

Mental Deficiency Acts. Number of Cases receiving training at the Nursery, Occupation and Training Centres, on 31st December, 1958.

		Under 16 yrs.			Over 16 yrs.			Total		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
(A) PENGAM ROAD CENTRE										
(a) Nursery (Class A)	Under Supervision ..	13	7	20	—	—	—	13	7	20
	From Other Authorities ..	—	—	—	—	—	—	—	—	—
(b) Nursery (Class B)	Under Supervision ..	5	11	16	—	—	—	5	11	16
	From Other Authorities ..	—	—	—	—	—	—	—	—	—
(c) Occupation Centre	Under Supervision ..	3	1	4	8	5	13	11	6	17
	From Other Authorities ..	1	—	1	2	2	4	3	2	5
(d) Training Centre	Under Supervision ..	—	1	1	20	12	32	20	13	33
	From Other Authorities ..	—	—	—	12	9	21	12	9	21
TOTAL ..		22	20	42	42	28	70	64	48	112
(B) "PRESWYLFA," CLIVE ROAD CENTRE										
(a) Nursery (Class A)	Under Supervision ..	8	9	17	—	—	—	8	9	17
	From Other Authorities ..	1	—	1	—	—	—	1	—	1
(b) Nursery (Class B)	Under Supervision ..	11	7	18	—	—	—	11	7	18
	From Other Authorities ..	5	3	8	—	—	—	5	3	8
(c) Occupation Centre	Under Supervision ..	21	10	31	—	—	—	21	10	31
	From Other Authorities ..	3	7	10	—	—	—	3	7	10
TOTAL ..		49	36	85	—	—	—	49	36	85
TOTAL (A) & (B)		71	56	127	42	28	70	113	84	197

TABLE IX

Classification of Mental Defectives in the Community on 31st December, 1958
(according to need on that date).

	Under 16 yrs.			Over 16 yrs.			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
(a) Cases included in Table VII (a) (i)-(iii) and (b) (i) in need of Hospital care and reported accordingly to the Hospital Authority :—									
(1) In urgent need of Hospital care :—									
(i) "Cot and Chair" cases	3	4	7	—	—	—	3	4	7
(ii) Ambulant low grade cases	2	3	5	1	—	1	3	3	6
(iii) Medium grade cases	—	1	1	3	—	3	3	1	4
(iv) High grade cases	—	—	—	1	—	1	1	—	1
TOTAL Urgent Cases	5	8	13	5	—	5	10	8	18
(2) Not in urgent need of Hospital care :—									
(i) "Cot and Chair" cases	1	—	1	1	—	1	2	—	2
(ii) Ambulant low grade cases	2	—	2	1	—	1	3	—	3
(iii) Medium grade cases	—	—	—	—	—	—	—	—	—
(iv) High grade cases	—	—	—	1	—	1	1	—	1
TOTAL Non-urgent cases	3	—	3	3	—	3	6	—	6
TOTAL ..	8	8	16	8	—	8	16	8	24
(b) Of the cases included in Table VII (a), (i), (ii) (vi) and (b) (i) number considered suitable for :—									
(i) Nursery and Occupation Centre	65	68	133	15	25	40	80	93	173
(ii) Training Centre	—	1	1	42	35	77	42	36	78
(iii) Home Training	—	2	2	—	3	3	—	5	5
TOTAL ..	65	71	136	57	63	120	122	134	256
(c) Of the cases included in (b), number receiving training :—									
(i) In Nursery and Occupation Centre	61	45	106	8	5	13	69	50	119
(ii) In Training Centre	—	1	1	20	12	32	20	13	33
(iii) At Home	—	—	—	—	—	—	—	—	—
TOTAL ..	61	46	107	28	17	45	89	63	152

TABLE X

Age and classification of Cases reported during 1958

Age	Idiots		Imbeciles		Feeble-minded		Moral Defectives		Classification Deferred		Not Mentally Defective		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1	1	—	—	1	—	—	—	—	—	—	—	—	2
2	3	—	—	1	1	—	—	—	—	2	1	—	8
3	—	—	3	—	—	—	—	—	—	2	1	1	7
4	—	—	—	—	—	3	—	—	—	1	2	1	7
5	—	—	—	—	3	—	—	—	—	—	—	—	3
6	—	—	—	1	1	—	—	—	—	—	—	—	2
7	—	—	1	—	—	1	—	—	—	—	—	—	2
8	—	—	—	1	1	1	—	—	—	—	—	—	3
9	—	—	—	—	—	1	—	—	—	—	—	—	1
10	—	—	—	—	1	—	—	—	—	—	—	—	1
11	—	—	—	—	—	—	—	—	—	—	—	1	1
15	—	—	—	—	3	13	—	—	—	—	—	2	18
16	—	—	—	—	—	1	—	—	—	—	—	—	1
Over 21	—	—	—	1	2	12	—	—	—	—	1	—	16
TOTAL ..	4	—	4	5	12	32	—	—	—	5	5	5	72

TABLE XI

Classification of Cases reported during 1949-1958

Classification	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Idiots ..	1	3	2	7	3	1	3	6	2	4
Imbeciles ..	8	5	11	8	11	13	8	12	15	9
Feeble-minded ..	41	34	31	34	35	53	42	43	34	44
Moral Defectives ..	—	—	—	—	—	—	—	—	—	—
Classification Deferred ..	7	17	3	3	3	3	2	13	3	5
	57	59	47	52	52	70	55	74	54	62
Not Mentally Defective ..	7	8	13	8	17	5	10	22	13	10
TOTAL ..	64	67	60	60	69	75	65	96	67	72

TABLE XII

Summary of ascertained Cases

	Position at 31st December 1957	Additions during 1958	Deletions during 1958	Position at 31st December 1958
Under Statutory Supervision ..	525	43	17	551
Under Guardianship	6	—	—	6
In Places of Safety	2	4	6	—
In Hospitals and on Licence ..	311	23	13	321
"Subject to be dealt with" Action not yet taken	7	32	39	—
Under Voluntary Supervision ..	175	30	19	186
TOTAL ..	1,026	132	94	1,064

TABLE XIV

Summary of ascertained Cases, 1949-1958

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
1. Cases "Subject to be dealt with"										
Under Statutory Supervision	447	462	475	477	473	510	543	518	525	551
Under Guardianship	2	2	2	2	3	5	5	6	6	6
In Places of Safety	2	2	2	—	2	2	2	1	2	—
In Hospitals	265	262	270	278	293	301	311	298	287	302
In State Hospitals	14	13	12	11	7	9	10	10	10	9
On Licence from Hospitals	38	34	31	25	19	17	12	13	14	9
Absconded from Hospitals	—	1	—	—	—	—	—	1	—	1
Action not yet taken	8	8	2	4	5	11	—	16	7	—
2. Cases not at present "Subject to be dealt with"										
Under Voluntary Super- vision	119	139	136	140	154	151	167	180	175	186
Action not yet taken	—	—	—	—	—	—	—	—	—	—
Total ..	895	923	930	937	956	1,006	1,050	1,043	1,026	1,064
3. Attending Occupation & Training Centres ..	86	84	87	76	95	122	129	137	141	152

VIII.—REPORT FOR 1958

Of Mr. W. BATE, M.A., D.P.A., F.R.S.H., M.A.P.H.I.

Chief Public Health Inspector

This is the first Annual Report which I have submitted to the Health Committee of the Council since my appointment in January, 1958. The first year has been mainly a period of settling in and has coincided with the coming into operation of the first major post-war scheme under the Housing Act for the clearance of unfit properties. As a consequence, much of my own personal time has been taken up surveying properties within the Bute Street Clearance Area and preparing for the public local enquiry scheduled to be held towards the end of the year. It was only to be expected that there would be numerous objections to the Council's first Compulsory Purchase Order and the preparations for the enquiry have inevitably commanded much of the time of the inspectorate staff.

It was also during this year that the Empire Games were held in Cardiff. This naturally called for special supervision by the public health inspectorate who were called upon to advise and regulate all manner of things with a view to safeguarding the health of the many thousands of visitors to Cardiff. The aggregation of large numbers of people within the City and at various venues necessitated the establishment of temporary means of sanitation, temporary catering facilities and the establishment of a caravan site, all of which was done on a vast scale. It is to the credit of the Council's public health staff that all the arrangements proved to be completely satisfactory with only minor exceptions, and that no incidents of food poisoning occurred during this critical time; further than this it can be said that no complaint of any seriousness was received as to unsatisfactory provision for sanitation, water supply or catering. Nevertheless in spite of this extra responsibility the daily routine work in all the sections of operations covered by this report have been continued with the thoroughness established by my predecessor.

The form of this report remains unaltered from previous years and much of the statistical information is in the form required for various returns to Government Departments.

HOUSING

Clearance Areas

Bute Street (No. 1) C.P.O., 1957

Little progress was made towards the demolition of 236 houses and the acquisition of other properties contained within this C.P.O. Objections relating to 137 properties were lodged with the Ministry of Housing and Local Government during the year which rendered necessary the holding of a public local enquiry. During the year the inspection of these properties and the serving of principal grounds notices was carried out as the essential preliminary to the holding of the local enquiry which was held within a later period not covered by this report.

DEMOLITION, CLOSURE AND REPAIR

During the year 18 individual unfit houses were dealt with by the Health Committee. Of these, 13 were made the subject of Closing Orders, one of a Demolition Order, two (owned by the Council) were Certified as Unfit and in respect of two houses a voluntary undertaking to close was given by the owners.

Families were rehoused from a total of 49 houses subject to Closing or Demolition Orders and three partly closed houses; 19 of these houses were demolished. In all 59 families (182 persons) were rehoused.

The following details are given of action taken to remedy defects in dwelling houses :—

Informal notices served	671
Houses repaired by owners as a result of informal notices	441
Statutory notices served under Public Health Act ..	203
Houses repaired by Owners as a result of Statutory Notices	132

Housing Improvements

During the year 46 applications for Improvement Grants were referred to the Department for observation. The properties concerned were all inspected and an opinion given as to the advisability of a grant being given.

Rent Act, 1957

The following information regarding action taken under this Act during the period 1st January, 1958—31st December, 1958 is given in the form prescribed in Circular 32/57.

PART I—APPLICATIONS FOR CERTIFICATES OF DISREPAIR

(1) Number of applications for certificates	426
(2) Number of decisions not to issue certificates	12
(3) Number of decisions to issue certificates	415
(a) in respect of some but not all defects	266
(b) in respect of all defects	149
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	284
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	Nil
(6) Number of certificates issued	172

PART II—APPLICATIONS FOR CANCELLATION OF CERTIFICATES

(7) Applications by landlords to Local Authority for cancellation of certificates	98
(8) Objections by tenants to cancellation of certificates	27
(9) Decisions by Local Authority to cancel in spite of tenants' objection ..	1
(10) Certificates cancelled by Local Authority	73

Council Housing Estates

During the year the following visits were made in connection with Council housing estates :—

Vacant houses inspected	570
Visits regarding exchanges and transfers	385
Visits regarding vermin	34
Visits to Council house applicants	348
Miscellaneous visits	479

Many applicants for re-housing in Council property request that they should be given consideration on account of medical conditions. This frequently entails visiting their present accommodation, collating relevant information from hospitals and clinics, and compiling a report, in order that each claim may be fairly assessed.

The waiting list of old age pensioners continues to mount, especially as there are many elderly couples already recommended for re-housing who are still not accommodated owing to the shortage of bungalows. The new type of one-bedroom accommodation now becoming available may eventually help to ameliorate the situation. As most people in old age suffer with similar ailments, it is not possible to give a high degree of priority to any particular application, unless the medical condition is unusually distressing.

The accommodation now available for individual elderly females is filling a real need, and as in the case of pensioner couples there are many requests for consideration on medical grounds. Similarly their medical conditions tend to be very much of the same nature, and unless there are exceptional circumstances, priority cannot be given to one more than another.

Where tenants of Council houses ask for a transfer to another Estate on account of medical circumstances, a visit is made to obtain background information in order that the request can be given the fullest consideration. In the event of an exchange between two tenants, arrangements are made for the disinfection of any house where there has been a tuberculous patient in the family.

All Council houses becoming vacant are inspected and disinfestation carried out where necessary. During the year 3 per cent of vacant houses were found to be verminous.

GENERAL SANITARY INSPECTION

The number of complaints received continued to increase compared with previous years and reached a total of 4,976.

The following table shows the visits made by the public health inspectors during the year in the course of investigations of complaints and the routine inspection of their districts :—

					INSPECTIONS OR VISITS
Houses inspected	..	..	..	..	2,835
Re-inspections	..	..	..	..	5,447
Council houses	..	..	..	..	1,823
Drainage	..	..	..	..	3,961
Rodent Control	..	..	..	..	1,202
Verminous premises	..	..	..	..	95
Lodging houses	..	..	..	..	256
Tents, vans and sheds	..	..	..	..	173
Public conveniences	..	..	..	..	220
Factories—Mechanical	..	..	..	..	737
Non-Mechanical	..	..	..	..	120
Building etc. Works	..	..	..	..	3
Outworkers	..	..	..	..	7
Workplaces	..	..	..	..	144
Shops (Shops Acts)	..	..	..	..	1,156
Offensive trades and Knackers Yard	..	..	..	..	27
Keeping of animals	..	..	..	..	149
Water supply	..	..	..	..	28
Swimming pools	..	..	..	..	241
Places of public entertainment	..	..	..	..	96
Infectious diseases	..	..	..	..	1,591
Clean Air Act	..	..	..	..	484
Milk and dairies	..	..	..	..	853
Food premises :—					
Cafes, canteens and meat preparing premises	..	..	..	..	1,993
Bakehouses	..	..	..	..	260
General shops, wholesalers, vehicles, etc.	..	..	..	..	6,301
Ice cream premises	..	..	..	..	1,199
Miscellaneous visits, interviews with owners and contractors, etc.	..	..	..	..	5,337

Drainage.—The number of drains tested was 410, the method of testing being as follows :—

Smoke tests	..	..	264
Colour tests	..	..	98
Other means of testing	..	..	48
1,043 drains were cleansed, re-laid or repaired.			

Vermin.—Sixty-five houses were found to be verminous and as a result of advice regarding methods of control, or control measures carried out by the Department, vermin was eradicated from sixty houses.

Common Lodging Houses.—There are two registered common lodging houses. They were regularly inspected during the year.

Seamen's Lodging Houses.—During the year, 35 applications were received for renewal of licences to keep Seamen's Lodging Houses; of these 24 were approved for renewal, eight were granted temporary licences and three were refused.

LEGAL PROCEEDINGS—PUBLIC HEALTH ACT

The following table gives details of legal proceedings instituted in connection with the enforcement of the abatement of nuisances :—

Defendant No.	Offence	Decision of Court	Fines	Cost	Total
1.	Failed to comply with Notice served under Section 93 of the Public Health Act, 1936	Nuisance Order made	—	—	—
2.	Do. do.	Nuisance Order made	—	£ s. d. 1 10 6	£ s. d. 1 10 6

RODENT CONTROL

One Rodent Officer and six operatives are employed on sewer maintenance treatments, local authority premises and business premises; two additional operatives deal mainly with private dwellings, schools, and occasionally with complaints from business premises.

Sewer Maintenance Treatments

The whole of the sewerage system of the City has been dealt with during the year.

Two-thousand four-hundred and thirty-eight manholes, covering some 175 miles of sewers and belonging to 35 districts, previously found to be infested, were completely treated twice during the year. Ten per cent of the remaining 2,579 manholes which belong to another 35 districts were given their annual test; this revealed that 21 manholes were infested and those with the immediate surrounding manholes were dealt with, as recommended by the Ministry of Agriculture and Fisheries.

From April to December, medium oatmeal with Warfarin poison and parantrophol added was introduced on sewer maintenance for the first time. Although only 67 bodies were found, 19 districts which received two treatments at an interval of 5½ months, showed a marked decline in takes and amounts, as shown in the summary below :—

Dates treated	Number of Districts	Number of Manholes	Number of Takes	Takes				
				complete				
				24ozs.	16ozs.	8ozs.	Part	
21/ 4/58— 4/ 7/58	19	1,154	504	14	72	202	216	618
9/10/58—24/12/58	19	1,214	450	—	24	234	192	764

Local Authority Premises

These include public works yards, stores, workshops, depots, garage, Roath abbatoirs, parks, baths, and all of the refuse tips of the City. At least two treatments (in some cases four) have been carried out during the year.

Maintenance treatment for business premises

During the year the Corporation undertook to maintain treatments at various intervals for 263 business premises which includes cafes, food stores and shops, warehouses, cinemas, cold stores, malhousers, hotels, a steel works, a market, a hospital, bus depots and offices. This is an increase on last year of 23 premises. The contracts ranged in value from £2 10s. 0d. to £63, and amounted to a total of £2,427 which is approximately £400 more than in 1957.

Mainly medium oatmeal with Warfarin poison was used in the above premises for which there is no known formula to work out the estimated calculated kill. One-hundred and ninety-two bodies were found, of which 80 were mice.

Private dwellings

Private dwellings are dealt with entirely by two operatives who work with the public health inspectors. In addition, some minor infestations at business premises and local authority premises are also treated by them. A free service is given at domestic premises. The following is a summary of their work for the year :—

No. of private dwellings inspected or treated	..	593
No. of business premises inspected or treated	..	67
No. of local authority premises inspected or treated	..	35

Farms inspection

There are 27 farms within the City, one of which is to be demolished and another is unoccupied.

The supervision of rodent control measure at farms will make greater demands on the local authority staff in the future, owing to the discontinuance of services formerly given by the Ministry of Agriculture and Fisheries.

All the 25 occupied farms were inspected during the year ; eight had evidence of light infestation (some very light) but in all cases the occupiers were dealing with them, mostly using Warfarin.

A summary of the inspection is given in the following table :—

Farm	Milking Cows	Store Cattle	Horses	Pigs	Sheep	Poultry	Extent of Infestation
No.							
1	6	—	1	25	—	—	Light Infestation (contract)
2	—	—	2	—	—	250	Light Infestation. Farmer treating
3	20	—	—	—	—	25	Light Infestation. Farmer treating
4	—	25	—	—	—	—	No sign or evidence of Rats
5	—	—	—	—	—	—	No sign or evidence of Rats
6	56	—	1	3	91	—	No sign or evidence of Rats
7	—	10	—	—	—	—	No sign or evidence of Rats
8	16	—	—	—	—	—	No sign or evidence of Rats
9	20	—	—	—	—	—	No sign or evidence of Rats
10	—	—	—	—	—	—	No sign or evidence of Rats
11	—	—	2	—	—	—	No sign or evidence of Rats
12	—	—	2	—	—	—	No sign or evidence of Rats
13	9	6	1	2	—	100	Light Infestation. Farmer treating
14	—	6	—	6	—	50	Light Infestation. Farmer treating
15	1	4	—	90	—	50	No sign or evidence of Rats
16	—	—	—	—	—	—	No sign or evidence of Rats
17	9	12	—	—	—	50	Light Infestation. Farmer treating
18	21	16	3	—	—	200	Light Infestation. Farmer treating
19	9	2	—	40	—	50	Light Infestation. Farmer treating
20	—	6	—	—	—	—	No sign or evidence of Rats
21	—	—	—	—	47	—	No sign or evidence of Rats
22	4	—	—	—	—	—	No sign or evidence of Rats
23	—	—	—	80	—	1,250	No sign or evidence of Rats
24	22	15	—	—	44	150	No sign or evidence of Rats
25	34	—	—	—	—	—	No sign or evidence of Rats
26	20	25	—	—	—	150	No sign or evidence of Rats
27	25	9	—	—	146	—	No sign or evidence of Rats
27	272	136	12	246	328	2,325	

An analysis of all the surface treatments for the year ending 31st March, 1959, as required by the Ministry of Agriculture, Fisheries and Food is reproduced hereunder :—

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2)	249	65,728	10,154	76,131	183
II. Number of <i>properties inspected</i> as a result of :					
(a) Notification	84	749	287	1,120	2
(b) Survey under the Act	23	207	43	273	27
(c) Otherwise (e.g., when visited primarily for some other purpose) ..	17	3,440	12,171	15,628	Nil
III. Total Inspections carried out—including re-inspections .. (To be completed only if figures are readily available)	165	4,825	13,214	18,104	57
IV. Number of <i>properties inspected</i> (in Sect. II) which were found to be <i>infested</i> by :					
(a) Rats { Major	1	Nil	Nil	Nil	Nil
{ Minor	30	355	192	577	2
(b) Mice { Major	Nil	Nil	Nil	Nil	Nil
{ Minor	23	47	52	122	Nil
V. Number of <i>infested properties</i> (in Sect. IV) treated by the L.A. (Figures should NOT exceed those given at Sect. IV)	54	402	244	699	2
VI. Total treatments carried out—including re-treatments .. (To be completed only if figures are readily available)	75	402	512	989	Nil
VII. Number of notices served under Section 4 of the Act :					
(a) Treatment	Nil	Nil	Nil	Nil	Nil
(b) Structural Work .. (i.e., Proofing)	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act ..	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out ..	One				

FACTORIES

The numbers and type of factories on the register are as follows :—

Bakehouses	..	..	..	65
Laundries	..	..	..	20
Tailors	..	..	..	32
Dressmakers and milliners	..	..	..	32
Boot repairers	..	..	..	115
Miscellaneous	..	..	..	709

Details of the sanitary inspection of factories under the Factories Act, 1937, in the form required by the Minister of Labour and National Service are as follows :—

Part I of the Act

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

PREMISES (1)	Number on Register (3)	Number of		
		Inspections (4)	Written Notices (5)	Occupiers Prosecuted (6)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	221	120	3	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	722	737	37	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	30	3	2	—
TOTAL ..	973	860	42	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	Remedied (4)	Referred to H.M. Inspector (5)	Referred by H.M. Inspector (6)	
Want of cleanliness (S.1) ..	14	10	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	1	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	2	2	—	—	—
Sanitary Conveniences (S.7) :—					
(a) Insufficient ..	5	3	—	—	—
(b) Unsuitable or defective ..	18	15	—	12	—
(c) Not separate for sexes ..	4	3	—	1	—
Other offences against the Act (not including offences relating to Out-work)	16	9	1	—	—
TOTAL ..	59	43	1	14	—

Part VIII of the Act

OUTWORK

	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c) (3)	No. of cases of default in sending lists to the Council (4)	No. of prosecutions for failure to supply lists (5)	No. of instances of work in unwhole- some premises (6)	Notices served (7)	Prosecu- tions (8)
Wearing Apparel— Making, etc. ..	4	—	—	—	—	—
Textile Weaving ..	10	—	—	—	—	—
Curtains & Furniture Hangings ..	2	—	—	—	—	—

Atmospheric Pollution

Considerable difficulties were experienced in obtaining additional staff to administer the additional duties and responsibilities imposed on the Council by the Clean Air Act, 1956. A number of advertisements and interviews of applicants failed to produce an official possessing the qualifications and experience desired by the Health Committee. Hence progress in this field was not so rapid as was hoped. Nevertheless the public health inspectors approximately doubled the amount of time which they were able to devote to this important aspect of public health. A total of 453 visits to boiler houses, factories and observations of chimneys were carried out by the end of the year. The four new stations for the measurement of sulphur dioxide, smoke and deposits have been established and are now fully equipped. It will be possible in the report for next year to report fully on the effects of the new provisions in the Clean Air Act, particularly in relation to the notification and prior approval of the installation of new industrial appliances. That Cardiff is a clean city should not induce complacency in this field. The extent of atmospheric pollution in Cardiff has been measured for some years at the City Hall which is within Cathays Park, comprising virtually a Smoke Control Area. An indication of the extent of pollution is obtainable from the following table.

CARDIFF — CITY HALL — 1958 — DEPOSIT GAUGE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Inches of Rain	4.14	5.17	0.87	0.75	4.18	3.31	3.43	4.89	6.07	4.19	4.21	4.45	45.66
pH value	5.3	4.8	5.4	5.7	6.0	6.3	6.1	6.0	5.8	5.7	5.1	5.4	Max. 6.3 Min. 4.8
Total Water—Insoluble Matter	6.86	10.27	8.80	6.67	5.97	7.05	4.98	3.49	6.13	3.51	7.81	10.88	Av. 5.6 82.42
Soluble in CS ₂	0.17	0.14	0.34	0.29	0.31	0.23	0.16	0.10	0.22	0.19	0.27	0.17	2.59
Ash	4.85	8.12	1.98	3.19	4.15	4.84	2.89	1.98	3.93	1.66	5.35	8.17	51.11
Other combustible matter	1.84	2.01	6.48	3.19	1.51	1.98	1.93	1.41	1.98	1.66	2.19	2.54	28.72
Total Water—Soluble Matter	6.90	9.02	3.39	2.03	4.80	2.63	3.54	4.80	5.44	4.25	4.07	8.42	59.29
Ca + +	0.64	0.66	0.34	0.39	0.54	0.61	0.49	0.37	0.54	0.32	0.14	0.59	5.63
Cl'	1.64	2.37	0.36	0.31	1.39	0.41	0.61	0.51	1.07	1.12	0.29	1.56	11.64
SO ₄ ''	2.25	2.37	1.15	0.95	1.97	1.54	1.29	1.51	1.70	1.83	1.39	2.68	20.63
Total Solids	13.76	19.29	12.19	8.70	10.77	9.68	8.52	8.29	11.57	7.76	11.88	19.30	141.71
SO ₂ expressed as mgms. SO ₃ per 100 sq. cms. of lead peroxide/day	1.36	1.83	1.11	0.92	0.36	0.43	0.17	0.28	0.82	0.75	1.21	1.20	0.87

Swimming Baths

There are six swimming baths in the City. Four of these are owned by the Local Authority and consist of the Guildford Crescent Baths (one ladies' bath, one men's bath and one mixed bath), the new Empire Pool (one mixed bath), and two open-air mixed baths, one at Llandaff Fields and the other at Splott.

The two privately owned baths are both open-air baths, one belonging to a local factory and the other to a private school for girls.

All swimming baths are visited frequently, particularly during the summer months. During the year, 241 visits were made and a total of 525 samples were taken of the water, 292 for bacteriological examination and 233 for chemical analysis. In addition, on each visit a chlorine test was made of the water on the spot, using a Lovibond Comparator.

Details are given in the following tables of the samples taken at each bath which were submitted for laboratory examination.

Guildford Crescent (three Baths : Ladies', Men's, Mixed)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	116	116
1	—	1
9	1	—
	117	117

92 Chemical samples were taken

Empire Pool

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	63	64
6	1	—
	64	64

47 Chemical samples were taken

Llandaff Fields (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	38	39
2	1	—
	39	39

33 Chemical samples were taken

Splott (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	44	44
	44	44

32 Chemical samples were taken

Private School (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	16	16
	16	16

16 Chemical samples were taken

Factory Baths (Open-air)

No. of Organisms	No. of Samples	
	Coliform bacilli per 100 ml.	Faecal coli per 100 ml.
0	9	10
1	1	—
2	2	—
16	—	1
18	—	1
	12	12

13 Chemical samples were taken

Tents, Vans and Sheds

The private land occupied by the gypsies during the previous year has now been purchased by the Council. The Council subsequently applied for injunctions against the gypsies occupying the land and as a result, the majority have moved. There still remained the problem of the gypsies occupying the adjoining Leckwith Common and orders for attachment were applied for by the Town Clerk. As a result of these actions the number of persons occupying these sites was considerably reduced.

During the period of the Empire Games a caravan site was established in Pontcanna Fields within the City centre by the South Wales District of the Camping Club of Great Britain and Ireland and the South Wales Centre of the Caravan Club of Great Britain and Ireland. The establishment of the site did not proceed with absolute smoothness but, after initial difficulties, amenities were provided which were appreciated by those visitors to the Games who stayed there.

Aged and infirm Persons

Instances of aged or infirm persons living alone and under unsuitable or insanitary conditions continue to come to the attention of the public health inspectors, either as a result of complaints from neighbours or from personal observations.

In most cases the situation has been alleviated or remedied as a result of help in cleansing and disinfestation or the voluntary admission of the patient to hospital.

Pet Animals Act, 1951

Licences for pet animal shops issued during the year totalled 14.

Shops Act, 1950

The total number of visits made to shops concerning all the various provisions of the Shops Act was 1,156.

In addition, 477 special observations had to be made in connection with the enforcement of the provisions in relation to hours of closing, half-holidays and Sunday trading. The enforcement of the Act is as difficult as ever, particularly in view of the ever-increasing tendency towards "mixed" shops and the consequent variation in closing times in respect of the sale of different goods stocked on the same premises.

The mobile shop is also on the increase, particularly on Council estates ; as mobile shops are outside the control of the Shops Acts provisions relating to hours of closing and Sunday trading, this causes considerable dissatisfaction to established shopkeepers. Unfortunately nothing can be done about the complaints which they make of this "unfair trading."

Two prosecutions were taken during the year. The offender in both cases was a shop-keeper whose offence on the first occasion was keeping open after hours (contrary to Sections 2 and 14) and on the second occasion failure to close his shop on a Sunday (contrary to Sections 47 and 59).

On each occasion he was fined £1 0s. 0d., plus £2 2s. 0d. costs, making a total of £6 4s. 0d.

Pharmacy and Poisons Act, 1933

Licences were renewed in respect of 217 premises and four licences were issued to new applicants.

Water supply

Ten samples of water were taken for chemical analysis and nine for bacteriological examination. Details are given in the following table :—

Premises	Source of Supply	Water used for	No. of Samples Chem. Bact.		Result
Milk Distributor	Well	Milk bottle washing	3	3	{ Satisfactory bacteriologically and chemically
Mineral Water Factory	Well	—	1	1	
Milk Pasteurisation Plant	Well	Cooling Milk	2	2	Satisfactory bacteriologically
Cottage	Well	Drinking purposes	1	1	Unfit for drinking
Council House	Mains water	Domestic purposes	2	—	{ Accumulated deposits in mains disturbed by new supply at higher pressure. Bacteriologically satisfactory
Flour Mill	Well	Washing wheat	1	1	{ Water suitable for this purpose. Bacteriologically satisfactory
Dwelling House	Mains water	Domestic purposes	—	1	Satisfactory

FOOD AND DRUGS CONTROL

Meat Inspection

There is only one private slaughterhouse in the city which operates in conjunction with a bacon factory and at which only pigs are slaughtered. All other slaughtering is carried out at the public abattoir under the supervision of the Veterinary Officer and is separately reported upon by this officer.

Meat inspection at the private slaughterhouse is carried out by the public health inspector for the district in which it lies. All pigs slaughtered during the year were inspected and details are given in the following table :

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART
(Revised Form as set out by the Ministry of Health)

	Pigs
Number killed	2,954
Number inspected	2,954
ALL DISEASES EXCEPT TUBERCULOSIS :— Whole carcases condemned ..	3
Carcases of which some part or organ was condemned	69
Percentage of the number inspected affected with disease other than tuber- culosis	0.5
TUBERCULOSIS ONLY Whole carcases condemned	1
Carcases of which some part of organ was condemned	9
Percentage of the number inspected affected with tuberculosis ..	0.34

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

	Y E A R				
	1958	1957	1956	1955	1954
Pigs ..	2,954	4,530	5,080	6,558	8,794

TABLE SHOWING INCIDENCE OF TUBERCULOSIS IN ORGANS

Animals Slaughtered				Organs affected with Tuberculosis	Percentage
Pigs	2,954	..	..	9	0.3

TABLE SHOWING CAUSES OF REJECTION OF CARCASSES AND PART CARCASSES

Cause of Rejection	PIGS	
	Total Carcase	Part Carcase
Tuberculosis	1	9
TOTAL	1	9

WEIGHT OF MEAT AND OFFAL REJECTED FROM ANIMALS SLAUGHTERED

	Tons	Cwts	Qrs.	Lbs.
4 Carcases Pork	—	4	3	5
Part Carcases of Pork	—	1	—	14
Pigs Offal	—	6	3	17
TOTAL	—	12	3	8

NUMBER OF DISEASED ORGANS REJECTED

	PIGS	
HEADS (including tongues) :—		
Tuberculosis	8	
Other conditions	—	
LIVERS :—		
Tuberculosis	—	
Other conditions	11	
PLUCKS :—		
Tuberculosis	1	
Other conditions	57	

Food Hygiene

A total of 10,606 visits were made to food premises during the year. This, however, was not enough when one considers the number of food premises in a city of this size but was as much as could be done due to the demands in other spheres. It is hoped that it will be possible in the coming year to expand the department's activities in this field.

Details of food premises registered or licenced under various enactments are :—

Ice cream manufacturers	18
Ice cream vendors	678
Manufacturers of meat products	95
Fried fish shops	66

Unsound food

The approximate weight of diseased or unsound food and meat surrendered as unfit was 73 tons 8 cwts. 1 qr. 27 lbs.

Liquid Egg

Further consignments of Australian frozen egg were received at cold stores in the city. Representative samples were taken for bacteriological examination and as a result a high percentage were found to be contaminated with salmonella organisms. Arrangements were made for the affected stocks to be consigned to suitable pasteurising plants.

In addition, samples were taken at weekly intervals from liquid egg produced at a local egg packing station.

The results of the laboratory examination are given in the following table :—

LIQUID EGG—BACTERIOLOGICAL EXAMINATION

	Negative salmonella	Salmonella			
		typhimurium	oranienberg	worthington	derby
Frozen Australian liquid egg ..	86	38	2	9	—
Liquid egg produced locally ..	148	3	—	—	3

Legal proceedings were taken against two persons for offences against the Food Hygiene Regulations, 1955. Details are as follows :—

Defendant No.	Offence against Food Hygiene Regulations, 1955	Fines	Costs	Total Penalties
		£ s. d.	£ s. d.	£ s. d.
1	Did unlawfully place a top and pin of beef in the boot of a car contrary to Regulations 8, 32(3) and 33	10 0 0	5 5 0	15 5 0
2	Insanitary conditions of cafe contrary to Regulations 5, 32(1) and 33	10 0 0	5 5 0	15 5 0
	Failed to provide equipment for persons engaged contrary to Regulations 17, 32(2) and 33	5 0 0	0 0 0	5 0 0
	Failed to provide wash-hand basins for persons engaged contrary to Regulations 16, 32 (2)	5 0 0	0 0 0	5 0 0
	Did not keep all parts of his overclothing as clean as reasonably practicable contrary to Regulations 9, 32(3) and 33 ..	5 0 0	0 0 0	5 0 0
	TOTAL	£35 0 0	10 10 0	45 10 0

Slaughterhouses

During the year the department has collaborated with the Public Health Laboratory Service in Cardiff in an investigation into the incidence of pathogenic organisms in slaughterhouses. Swabs have been laid at regular intervals in suitable points in the drainage system at the public abattoir and in addition specimens of faeces and bile have also been taken for examination. The number of swabs and specimens taken during the year totalled 101 ; of this 76 proved to be negative and 27 different organisms were found in the remainder.

Details are given in the table on next page.

Sample taken from :	Negative Salmonella	SALMONELLA						
		dublin	meleagradis	enteritidis	muenchen	kiambu	derby	typhimurium
Main cattle market ..	14	4		1			2	3
Gut scraping ..	26	2					1	2
Piggery ..	18	1	2		3	1	1	4
Bile ..	11							
Faeces ..	7							
	76	7	2	1	3	1	4	9

Samples of Ice cream submitted for Bacteriological Examination

Total numbers of samples submitted for Examination	ORIGIN OF SAMPLE		National Concerns	RESULT OF EXAMINATION			
	Local Manufacture			Satisfactory		Unsatisfactory	
	Hot Mix	Cold Mix		Grade 1	Grade 2	Grade 3	Grade 4
77	35	10	32	74	1	1	1

The samples (77) were taken from a wide variety of sources giving coverage of all types of plant manufacturing processes and stages of production. The collection points included manufacturer's premises, cafes, general stores and mobile ice cream vendors.

The three samples in respect of which unsatisfactory results were received were obtained from the same source. The improvement in the grades indicates the progressive investigation undertaken at the plant which resulted in the production of samples which on examination gave a satisfactory result.

Ice Cream

There are 18 firms or persons registered for the manufacture of ice cream. Only 12 of these actually manufactured ice cream during the year, four producing a hot mix and the remainder a cold mix.

Of the 678 retailers registered for the sale of ice cream, 628 sold during the year and of this number only 44 sold loose, the remainder sold wrapped ice cream only.

During the year 1,199 visits were made to premises at which ice cream was manufactured or sold.

A total of 77 samples of ice cream was taken during the year for bacteriological examination.

Details are given in the table on page 75.

Food and Drugs Sampling

One-thousand four-hundred and three samples were taken during the year comprising milk, miscellaneous articles of food and drugs for chemical analysis and for investigations in connection with the Merchandise Marks Acts. In all cases where irregularities were reported by the City Analyst further sampling was arranged and full investigations were instituted immediately.

The following items will indicate the wide variety of investigations undertaken to ensure that methods of manufacture within the food trades are also satisfactory from the consumers point of view.

Milk

Samples of milk were collected at dairies before and after processing, from roundsmen, at catering establishments, schools, hospitals and canteens. Sampling at dairies indicated that more care was necessary at the place of production to ensure a properly balanced product is delivered for processing. Cases of natural deficiency of milk fat were encountered. Advice and suggestions for the necessary adjustment were given by the appropriate Government Department and this office.

Meat content of sausages

The meat content of sausages was found to vary considerably. In some cases the percentage of meat in the sausages was below the minimum which operated during the period of control. However, since no legal standard has been fixed by the Government Department concerned it was considered that any action would have been ill-advised.

Preservatives in sausages

In the case of a sample of sausages the vendor failed to declare the presence of sulphur dioxide as a preservative. The amount present was within the limit prescribed by the regulations. Since this was a technical offence a warning was issued to the vendor.

Christmas pudding—Labelling irregularity

Two cases occurred where the detail given on the labels in respect of some ingredients was couched in generic rather than specific terms which are required by the Labelling of Food Order.

The manufacturers were notified and agreed to amend the labels to comply with the Labelling of Food Order.

Flour confectionery containing butter

The number of manufacturers including butter in their products and declaring a butter content product is increasing. However, some three instances occurred during the year when cakes etc., described as having a butter content or displayed with a label implying a butter content did not on analysis contain any butter.

The manufacturers were interviewed and agreed to withdraw labels and packing material which, by their printed declaration, were held to mislead as to the quality of the cakes etc.

Tomato Ketchup—solids below the prescribed limit

The percentage of tomato solids fell below the prescribed minimum and the label did not bear a list of ingredients as required by the Labelling Regulations. The facts were communicated in a letter to the manufacturer for action at the factory. A new recipe and a revised label was the outcome. A sample of tomato puree ex the same manufacturer was found to be satisfactory in all respects.

Blackcurrant “health drink”—Labelling irregularity

The analyst's report indicated that the drink contained sulphur dioxide as a preservative—this was not declared on the label. It was held that this omission constituted a false description within the meaning of Section 6 of the Food and Drugs Act, 1955. A re-drafting of the detail on the label was undertaken by the manufacturers.

Butter-labelling irregularity

Several branded varieties of butter were investigated. The outcome was that amended labels were to be issued in the instances indicated.

Butter Rolls

It was found that the butter portion of the buttered rolls contained water in excess of that permitted by the Food Standards (Butter and Margarine) Regulations, 1955. The caterer concerned was interviewed. The butter normally used was sampled and found to be genuine.

Margarine containing excess water

Margarine containing 0.30 per cent in excess of the permitted amount. The manufacturer was advised and investigations undertaken at the factory.

Consumer's complaints re foods purchased

Some 30 various foods were the subject of complaints recorded and investigated by the department during 1958.

The number of consumer complaints submitted for investigation is increasing annually. This indicates that the general public is becoming more conscious of the need for food hygiene and more ready to voice their complaints. The nature of the foods involved in the incidents was varied.

Prepared foods, pies, sausage rolls and pasties

Articles of food which by their nature are prone to quick deterioration accounted for five of the cases investigated.

In all cases, full inspection of vendor's stocks was immediately carried out. No unsound foods were discovered. Advice and warning letters requesting increased vigilance were passed to manufacturers and vendors.

Complaints regarding extraneous matter in sausages

Portions of cooked sausages were found to contain portions of cement mortar. On investigation it was found that structural alterations had been carried out at the factory and that some small cement particles became deposited in the sausage mix. A warning letter was sent, and managerial staff were interviewed.

Sausage containing a piece of string

The sausage contained a piece of string which was probably derived from the neck of a rusk bag. The manufacturer was interviewed and undertook to exercise greater care at the factory.

Meat, poultry, bacon and ham

Complaints of unsoundness and maggot infestation were investigated. The time of purchase and storage arrangements after purchase are matters of major importance in assessing responsibility in these cases. The possibility of predisposition to deterioration and active contamination by blow flies at the complainant's premises cannot be overlooked.

It is invariably found that all reputable traders replace these foods when the fitness for human consumption is questioned. In all instances of complaints investigated premises were visited and a complete inspection of all meat etc. was made forthwith. No evidence of grossly adverse conditions were discovered; advice and warnings were given as appropriate.

Dried Fruit

Two cases where currants were found to be infested with the larvae of moths commonly infesting food products were dealt with. In both cases the stocks were surrendered voluntarily and destroyed under departmental supervision.

Bottled Milk

Two complaints re foreign bodies in bottles of milk were received. The bottles contained a piece of cardboard and a safety pin respectively. The bottling establishments concerned were visited, managerial staff interviewed and the details of the incidents described to workers in the dairies.

Dried milk containing a fly

In this instance the container was almost empty before the fly was discovered and the possibility of the fly's entry during numerous occasions when the container was open at the consumers premises could not be overlooked. On the other hand the appearance of the fly itself was such that it could not have been present when the milk was processed or packed. Bearing in mind these facts it was decided that no official action was possible in this case.

Bread

Two complaints of foreign bodies present in bread were reported to the Health Committee. The Committee resolved that a warning be given in each case. Two further complaints suggested the presence of mice droppings in bread. The extraneous material proved to be small portions of dough steeped in harmless vegetable oil, which is used in normal manufacturing operations, as a lubricant for machinery. In both latter cases, advice and suggestions for improved supervision of processes were passed to the firms concerned.

Supervision of milk supplies

There are five pasteurising plants in the City; of these two are using the Holder process and three the H.T.S.T. process. In addition milk is brought in from two pasteurising plants situated outside the city boundary. One firm is producing sterilised milk.

The number of licences issued authorising the use of Special Designations is as follows :—

Pasteurised	..	..	..	306
Sterilised	..	..	..	269
Tuberculin Tested	..	..	..	35

Samples of milk for bacteriological biological laboratory examination were collected from dairy processing plants, wholesale and retail sources—schools—school canteens, hospitals, etc. Full details of the number of samples of milk of each designation, together with the results of such examinations are shown in the following table :—

MILK SUBMITTED FOR LABORATORY EXAMINATION DURING 1958

Designation	Total number of samples submitted for examination	Phosphatase test		Methylene blue test		Turbidity test		Biological Examination	
		Results of examination		Results of examination		Result of examination		No. of samples	Result of examination
		Sat.	Unsat.	Sat.	Unsat.	Sat.	Unsat.		
Pasteurised	565	564	1	547	18	—	—	—	—
T.T. Past	169	169	—	168	1	—	—	—	—
Channel Island Past ..	35	35	—	35	—	—	—	—	—
Channel Island T.T. Past	11	11	—	11	—	—	—	—	—
Sterilized	66					66	—	—	—
T.T. (Raw)	71	—	—	69	2	—	—	31	30*
Channel Island T.T. Raw	24	—	—	24	—	—	—	9	9

* N.B.—It was necessary to repeat one sample T.T. milk submitted for biological examination due to the premature death of the guinea pig.

Knackers Yard

There is only one knackers yard in the City. Frequent visits were made and conditions found to be satisfactory.

Offensive Trades

There are eight registered premises. These are kept under regular supervision and no difficulties were experienced during the year.

THE FERTILISER AND FEEDING STUFFS ACT, 1926

Six samples of fertilisers and seventeen of feeding stuffs were taken during the year. With one exception, all samples were satisfactory and the particulars given were correct within the variations permitted within the Regulations.

The sample which was not satisfactory in all its constituent parts was a compound fertiliser which was an informal sample. The details of analysis were forwarded to the manufacturers. The manufacturers expressed concern and informed this office that investigations were carried out at their plant. Additions to the plant recently installed will ensure a more uniform mixing of constituents in future. A further sample was found to be satisfactory in all its constituents.

IX—Report for 1958 of J. H. M. HUGHES, M.R.C.V.S., D.V.S.M., F.R.S.H.,

Veterinary Officer and Chief Meat Inspector

The Veterinary and Abattoir Section of the Department involves :—

- (1) The General administration of the Diseases of Animals Act, 1950 and all Statutory Orders made thereunder in relation to the City of Cardiff.
- (2) The inspection of livestock, meat and by-products at Roath Abattoir.
- (3) The granting of veterinary health certificates for meat products intended for export.
- (4) The certification of disinfection of straw used for packing exported merchandise.
- (5) Veterinary attention to livestock at Whitechurch Hospital farm.
- (6) Veterinary services to the City Police Department in connection with the Protection of Animals Acts, 1911–1927.
- (7) The management and general administration of Roath Abattoir and Wholesale Meat Market.

DISEASES OF ANIMALS ACT AND ORDERS

The Act enables the Ministry of Agriculture, Fisheries and Food to make Orders for the control or eradication of certain infectious diseases which are, or may be, the cause of serious losses to agriculture or a danger to public health. The diseases now scheduled and notifiable under the Act are Anthrax, Foot and Mouth Disease, Swine Fever, Fowl Pest, certain forms of Tuberculosis, Atrophic Rhinitis, Sheep Scab, Parasitic Mange in horses, asses and mules, Sheep Pox, Cattle Plague, Contagious Bovine Pleuropneumonia, Glanders, Epizootic Lymphangitis and Rabies. The last eight named diseases are now non-existent in Great Britain. The Act further provides for the control of Epizootic abortion, Warble Fly Infestation, the complete elimination of tuberculosis in cattle and for the care and comfort of animals in transit by rail, sea, air and road.

Swine Fever Order, 1938.—A case of Swine Fever was detected at Roath Abattoir and traced to premises on Ely River Bank Allotments. Later the disease broke out on an adjacent premises. Both premises were put under restrictions (Form A). The disease was officially confirmed by the Ministry of Agriculture, Fisheries and Food. Notices (Form A) were served in respect of three other premises on the allotments but the disease was not confirmed on either of the latter cases. Fourteen suspected cases of the disease were investigated during the year, all of which proved negative. Restrictions were imposed in respect of two premises to which market contact pigs were moved but the disease did not develop on either premises. No premises remained under restrictions at the end of the year.

Regulation of Movement of Swine Orders, 1954 and 1955.—At the weekly sales at Ely Livestock Market 92 licences were granted for the movement of 254 pigs to Roath Abattoir and piggeries within the City and 62 licences for 131 pigs to slaughterhouses and premises outside the City. In addition 642 licences were received from other authorities authorising the movement of 13,462 pigs to Roath Abattoir and City piggeries from markets outside Cardiff. The assistance of the City Police was welcomed in visiting private premises, to which pigs were licensed, during the subsequent twenty-eight days compulsory detention. The conditions of all licences were observed.

Swine Fever (Infected Areas) Special Orders Nos. 1 and 2, 1958.—The Orders were made as a result of a severe spread of Swine Fever in (a) Midlands, and (b) Somerset. The Orders prohibited the sales of store pigs in markets and restricted the movement of other pigs in the specified areas.

Swine Fever (Infected Areas) Special Order No. 3, 1958.—The Order extended the restricted area imposed by the No. 2 Order, 1958, above, in respect of Somerset and Dorset.

Swine Fever (Infected Areas) Special Orders Nos. 4, 5 and 6, 1958.—The Orders contracted and subsequently released from restrictions the areas described in Nos. 1, 2 and 3 Orders, 1958.

Swine Fever (Infected Areas) Special Order No. 7, 1958.—Owing to an extensive outbreak of Swine Fever the County of Norfolk was placed under special restrictions in relation to the movement of pigs into, within and out of the County. These restrictions were still in operation at the end of the year.

Swine Fever (Infected Areas Restrictions) (Amendment) Order, 1958.—The Order amends the Swine Fever (Infected Areas Restrictions) Order, 1956 and makes provision for selling swine at dispersal sales in an Infected Area.

Fowl Pest Order, 1936.—A heavy mortality on a poultry keeper's premises was investigated and proved, with laboratory aid, to be due to Fowl Typhoid (*Salmonella Gallinarum*).

Fowl Pest (Mid Cambridgeshire Infected Area) Order, 1958.—Special restrictions on the movements of poultry were imposed by the Order as a result of numerous cases of Fowl Pest in the area.

Fowl Pest (Mid Cambridgeshire Infected Area) (Revocation) Order, 1958.—The Order removed the restrictions imposed by the previous Order.

Fowl Pest (Mid Lancashire Infected Area) (Revocation) Order, 1958.—The Order removed restrictions imposed by the Fowl Pest (Mid Lancashire Infected Area) Order, 1957.

Fowl Pest (East Norfolk Infected Area) Order, 1958.—Owing to the prevalence of the disease the Order was made restricting the movement of poultry, into, within and out of the area.

Fowl Pest (East Norfolk Infected Area) (Amendment) Order, 1958.—The Order revises the territorial limits described in the previous Order.

Fowl Pest (East Norfolk Infected Area) (Amendment No. 2) Order, 1958.—The Order varied the boundaries of the previously defined Infected Area and the area was freed from restrictions before the end of the year by the Fowl Pest (East Norfolk Infected Area) (Revocation) Order, 1958.

Fowl Pest (Infected Areas Restrictions) (Amendment) Order, 1958.—The Order amends the Fowl Pest (Infected Areas Restrictions) Order, 1956 in regard to (a) movements into an Infected Area for slaughter; (b) farm dispersal sales; (c) movements out of an Infected Area; and (d) sales of poultry.

The Live Poultry (Restrictions) Order, 1957.—Licences were granted on two occasions for the holding of exhibitions of poultry in the city. One show was cancelled by the exhibitor and the other visited to ensure that the conditions of the licence were observed.

The Live Poultry (Movement Records) Order, 1958.—The Order revokes the Live Poultry (Movement Records) Order, 1954 and re-enacts it with amendments, particularly in relation to business of slaughtering poultry. All known poultry slaughterers in the City have been notified of their obligations under the Order.

Poultry Premises and Vehicles (Disinfection) Order, 1958.—Sixteen visits were paid to the premises of poultry slaughterers. No disinfection notices were served in respect of premises, crates or vehicles.

Anthrax Order, 1938.—Special bacteriological examinations for anthrax were made of 1 cow, 3 calves, 12 sheep, and 13 pigs which died in lairage. All proved negative.

Rabies Order, 1938.—Although the last recorded case of Rabies in Great Britain occurred in 1922, the reintroduction of the disease by illegally imported dogs is a matter of concern in a sea port. During the year 45 dogs reported by the City Police as having bitten persons were examined and found free from communicable disease.

Foot and Mouth Disease (Infected Areas Restrictions) 1938-1956.—At the beginning of the year 8 areas were under restrictions imposed in 1957. During the year 40 new Infected Areas were declared as a result of outbreaks of the disease but all areas were cleared of restrictions by 31st December.

Foot and Mouth Disease Order, 1928-1938.—One hundred and sixteen outbreaks of the disease were confirmed in Great Britain during the year which involved the slaughter of 20,006 animals. No restrictions were imposed on the movement of animals on account of the disease in the City.

Cardiff Sheep Dipping Regulations, 1953.—During the prescribed period, which ended 15th September, the dipping of 133 sheep on a farm within the city was witnessed.

Transit of Animals Order, 1927-1947.—Visits were paid to Roath and Fairwater cattle sidings. Livestock vehicles are regularly inspected and considerable use is made of the vehicle washing bay at Roath Market.

Animals (Landing from Channel Islands, Isle of Man, Northern Ireland and the Republic of Ireland) Order, 1955.—A total of 438 Irish cattle were licensed to Roath Abattoir from the ports of Fishguard and Birkenhead during the year.

The Horses (Sea Transport) (Amendment) Order, 1958.—The Order amends the Horses (Sea Transport) Order, 1952 in respect of the lighting of ships, the provision of a competent person to attend horses in transit and the feeding and care of such horses.

The Exported Ponies (Protection) Order, 1958.—The Order provides for the compulsory veterinary examination of ponies destined for export to ensure fitness for the journeys contemplated.

Diseases of Animals (Waste Foods) Order, 1957.—One hundred and eighty visits were paid to poultry and pig keepers premises under the Order. Twelve licences were granted for the operation of boiling plant and eight licences were revoked owing to occupiers vacating premises or changing boiling equipment.

Importation of Hay and Straw (Amendment) Order, 1958.—The Order amends the Importation of Hay and Straw Order, 1955 by adding Denmark to the Schedule to that Order.

Markets, Fairs and Lairs Orders, 1925-1927.—All the weekly sales of livestock at Ely Market were visited in connection with these Orders.

The Tuberculosis (Attested Herds) Scheme, 1958.—The Scheme revokes the 1950 Scheme and re-enacts it with minor amendments.

The Tuberculosis (Attested Herds) Schemes, 1950 and 1958.—The figures below shew the numbers of cattle herds from which bovine tuberculosis had been eliminated at the 31st December, 1958 as compared with corresponding herds at 31st December, 1950.

	England	Wales	Scotland	Total
31st December, 1958 ..	128,091	38,093	43,754	209,938
31st December, 1950 ..	25,814	15,543	13,688	55,045

The Tuberculosis (Perthshire Eradication Area) Order, 1958 ; The Tuberculosis (Morayshire and Banffshire Eradication Area) Order, 1958 ; The Tuberculosis (South East Scotland Eradication Area) Order, 1958 ; The Tuberculosis (South East England Eradication Area) Order, 1958 ; The Tuberculosis (South West England Eradication Area) Order, 1958.—The above Orders were made during the year as a prelude to the areas becoming attested in accordance with the Attested Herds Scheme, 1950. The Orders entailed the compulsory testing of all untested cattle in the areas and subsequent slaughter of reactors found.

The Tuberculosis (Southern England Attested Area) Order, 1958 ; The Tuberculosis (North, West, Central and Southern Scotland Attested Areas) Order, 1958.—The areas mentioned in the Schedules to the two Orders, being, for all practical purposes free from tuberculosis, have been declared "Attested." Special conditions apply to the movement of bovine animals into and within the areas.

SUMMARY OF OUTBREAKS OF SCHEDULED DISEASES IN GREAT BRITAIN FOR THE YEARS 1955—1958

	1958	1957	1956	1955
Anthrax	167	318	1,245	764
Foot and Mouth Disease	116	184	162	9
Fowl Pest	759	1,034	956	906
Swine Fever	1,263	960	741	1,403
Atrophic Rhinitis ..	5	9	11	8

PROTECTION OF ANIMALS ACTS, 1911-1927

All work under this Act was carried out at the request of the City Police. During the year 2 horses, 1 pony, 31 dogs and 1 cat, victims of road accidents, were attended. Of these, 14 dogs were treated for injuries and the remaining animals were destroyed.

RIDING ESTABLISHMENTS ACT, 1939

Seven visits were paid to riding establishments in the City. The horses used for hire and stabling accommodation were found in satisfactory condition.

PERFORMING ANIMALS (REGULATION) ACT, 1925

In accordance with Section (3) of the Act the performing animals exhibited at one circus were examined. No evidence of cruelty was observed and the animals were comfortably housed.

SLAUGHTER OF ANIMALS ACTS, 1933-1954

During the year 9 licences and 49 renewals of licences were granted by the City Council to persons authorising them to stun and slaughter animals in slaughterhouses and knacker yards.

THE SLAUGHTER OF PIGS (ANAESTHESIA)

REGULATIONS, 1958

The Regulations which came into force on the 1st December, 1958 were made under the Slaughter of Animals Acts, 1933 and 1954 and the Slaughterhouses Act, 1958. They permit of slaughter of pigs by a process of anaesthesia by carbon dioxide gas in addition to stunning by a mechanically operated instrument. The process will have special interest to large bacon factories and it is doubtful if it will be economic to use in general slaughterhouses.

VETERINARY SERVICES TO OTHER DEPARTMENTS

City Police Department.—Eighty visits were made to examine animals at the request of the City Police.

Whitchurch Mental Hospital Management Committee.—By virtue of a financial arrangement veterinary attention is given to all livestock owned by this Committee. During the year 33 visits were paid to Whitchurch Hospital Farm.

MEAT INSPECTION SERVICE

The service entails the employment of four full-time Meat Inspectors with the Veterinary Officer acting as Chief Meat Inspector. Roath Abattoir caters for the slaughter of all animals intended for human consumption in the City, with the exception of a bacon factory where pigs only are slaughtered. Meat Inspectors are on duty at all authorised hours of slaughter.

Animals arriving for slaughter are subjected to veterinary antemortem inspection. The service is important for early detection of diseases scheduled under the Diseases of Animals Act and aids the postmortem diagnosis of various diseases which adversely affect meat.

The Slaughterhouses (Meat Inspection Grant) Regulations, 1958.—The Regulations enable the Minister of Agriculture, Fisheries and Food to make grants to local authorities towards the cost of meat inspection under certain conditions. Eligibility for a grant depends on the total units of slaughter in the area in relation to the population. It is estimated that the Cardiff Authority qualified for a small grant for the year ended 31st March, 1958.

MEAT INSPECTION STATISTICS

CARCASSES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART (Revised Form as set out by Ministry of Health)

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	8,072	4,199	8,942	59,423	31,007	Nil
Number Inspected	8,072	4,199	8,942	59,423	31,007	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS :						
Whole carcasses condemned ..	Nil	18	38	78	52	—
Carcasses of which some part or organ was condemned	260	194	156	3,654	1,082	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticercosis	3.22	4.62	1.74	6.14	3.48	—
TUBERCULOSIS ONLY						
Whole carcasses condemned ..	5	7	4	Nil	7	—
Carcasses of which some part or organ was condemned	271	599	4	Nil	327	—
Percentage of the number inspected affected with Tuberculosis ..	3.35	14.26	0.04	—	1.05	—
CYSTICERCOSIS						
Carcasses of which some part or organ was condemned	13	5	Nil	Nil	Nil	—
Carcasses submitted to treatment by refrigeration	13	5	Nil	Nil	Nil	—
Generalised and totally condemned ..	Nil	Nil	Nil	Nil	Nil	—
Percentage of the number inspected affected with Cysticercosis ..	0.16	0.11	—	—	—	—

ANIMALS SLAUGHTERED—COMPARATIVE TABLE

		YEAR					
		1958	1957	1956	1955	1954	1939
Cattle	..	12,271	13,132	10,893	8,210	12,062	6,693
Calves	..	8,942	10,630	10,463	9,238	4,892	7,788
Sheep	..	59,423	60,154	61,344	59,325	75,891	53,632
Pigs	..	31,007	27,383	24,983	29,749	29,545	25,257
TOTAL	..	111,643	111,299	107,683	106,522	122,390	93,370

TABLE OF INCIDENCE OF TUBERCULOSIS IN ORGANS

Animals Slaughtered			Organs affected with Tuberculosis	Percentage	Percentage for 1957
Cattle	{ Bulls	.. 75	2	2.62	3.10
	{ Cows	.. 4,199	599	14.26	14.91
	{ Heifers/Steers	.. 7,997	269	3.36	4.73
Calves	..	.. 8,942	4	0.04	0.03
Sheep	..	.. 59,423	Nil	—	0.001
Pigs	..	.. 31,007	327	1.05	1.40

TABLE OF INCIDENCE OF CYSTICERCOSIS

Number of Cattle slaughtered		Number of Cases of Cyst. Bovis.	Percentage of Infestation	Total Percentage	Percentage for 1957
Cows	.. 4,199	5	0.11	} 0.14	0.22
Other Cattle	.. 8,072	13	0.16		0.19

Condemnation Certificates.—466 Certificates were granted in respect of condemned carcasses, part carcasses and offal at Roath Abattoir during the year 1958.

TABLE SHEWING CAUSES OF REJECTION OF CARCASSES AND PART CARCASSES

	Cattle		Calves		Sheep		Pigs	
	Total	Part	Total	Part	Total	Part	Total	Part
Tuberculosis	12	41	4	—	—	—	7	263
Oedema and/or Emaciation	13	—	10	—	43	—	6	—
Traumatism	—	20	—	2	—	7	—	18
Septic Conditions	—	1	1	—	2	18	9	17
Moribund, Fevered, Ill-bled	—	—	11	—	12	—	18	—
Pyæmia	—	—	4	—	—	—	—	—
Pneumonia, Acute Septic Arthritis	—	1	1	—	—	3	7	19
Lipomatous Atrophy	—	4	—	—	—	—	—	—
Immaturity	—	—	4	—	—	—	—	—
Pleurisy, Acute Septic	—	—	—	—	2	—	2	—
Metritis, Acute Septic	1	—	—	—	1	—	—	—
Neoplasms	—	2	—	—	—	—	—	—
Decomposition	2	20	2	—	16	33	1	9
Fibrosis	—	1	—	—	—	—	—	—
Peritonitis, Acute Septic	—	—	1	—	—	—	2	—
Bone Taint	—	74	—	—	—	—	1	—
Joint Ill	—	—	2	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	6	6
Abnormal Odour	1	2	—	—	—	—	—	—
Gangrene	—	—	—	—	1	—	—	—
Johnes Disease	1	—	—	—	—	—	—	—
Jaundice	—	—	2	—	1	—	—	—
Atrophy	—	—	—	—	—	1	—	—
Blood Splashing	—	—	—	—	—	—	—	2
Calcification	—	3	—	—	—	—	—	—
Total	30	169	42	2	78	62	59	334

WEIGHT OF MEAT AND OFFAL REJECTED FROM ANIMALS SLAUGHTERED AT
ROATH ABATTOIR

	Tons	Cwts.	Qrs.	Lbs.
30 Carcases Beef	5	16	2	21
45 Carcases Veal	—	19	2	—
78 Carcases Mutton	1	3	3	9
59 Carcases Pork	2	15	3	11
169 Part Carcases Beef	6	4	3	24
2 Part Carcases Veal	—	—	—	6
62 Part Carcases Mutton	—	5	2	17
334 Part Carcases Pork	1	15	1	17
Beef Offal	14	12	3	23
Calf Offal	—	6	1	3
Sheep Offal	4	2	2	26
Pig Offal	1	14	3	—
TOTAL ..	39	18	2	17

WEIGHT OF MEAT AND OFFAL REJECTED EX OTHER SLAUGHTERHOUSES

	Tons	Cwts.	Qrs.	Lbs.
— Carcases Mutton	11	6	1	8
7 Part Carcases Beef	—	8	—	17
75 Part Carcases Mutton	—	1	—	8
15 Part Carcases Pork	—	2	3	24
Beef Offal	—	19	2	19
Calf Offal	—	—	1	20
Sheep Offal	—	1	2	23
Pig Offal	—	10	—	21
TOTAL ..	13	10	2	—

TOTAL MEAT AND OFFAL REJECTED AT ROATH MARKET DURING 1958
53 Tons 9 cwts. 0 Qr. 17 lbs.

NUMBER OF DISEASED ORGANS REJECTED

	Cattle	Calves	Sheep	Pigs
HEADS :—				
Tuberculosis	—	—	—	—
Other Conditions	19	—	—	—
HEADS (Including Tongues) :—				
Tuberculosis	460	4	—	260
Other Conditions	100	31	1,468	6
LUNGS :—				
Tuberculosis	673	—	—	—
Other Conditions	192	—	—	—
HEARTS :—				
Tuberculosis	641	—	—	—
Other Conditions	177	—	—	—
SKIRTS :—				
Tuberculosis	282	—	—	—
Other Conditions	53	—	—	—
LIVERS :—				
Tuberculosis	136	—	—	—
Other Conditions	1,694	36	2,782	562
PLUCKS :—				
Tuberculosis	—	4	—	87
Other Conditions	—	110	689	619
TRIPES :—				
Tuberculosis	28	—	—	—
Other Conditions	122	—	—	—
TAILS :—				
Tuberculosis	12	—	—	—
Other Conditions	103	—	—	—

ROATH MARKET ADMINISTRATION

The numbers of the various species of animals slaughtered at the Municipal Abattoir are given in the meat inspection section of the report which show a decrease of 861 cattle, 731 sheep, 1,688 calves and an increase of 3,624 pigs on the 1957 figures, giving a net overall increase of 344 animals slaughtered. The covered lairage was improved during the year by an additional shed accommodating approximately 30 cattle. Plans were in hand at the end of the year for providing cover to the area allocated for the temporary deposit of hides and skins. A further section of the obsolete hanging rails in the main carcase hall were removed and replaced with modern rails and hooks. Considerable nuisance from drains was encountered which was remedied with the assistance of the Chief Public Health Inspector. The new office block was put into commission and all accommodation in it has been let to tenants operating on the premises.

The Slaughterhouses Act, 1958 came into operation during the year which implements Government policy declared in their White Paper issued in 1956. In accordance with the Act and subsequent Orders made under it each local authority shall carry out a review of, and submit a report to the Minister of Agriculture, Fisheries and Food on, the existing and probable future requirements of their district for slaughterhouse facilities not earlier than the 2nd November, 1959 and not later than the 2nd November, 1960. After the passing of the Act and before submission of the report a local authority, in the absence of a Resolution under Sections 75 or 76 of the Food and Drugs Act, 1955, can refuse to grant a licence for a private slaughterhouse only on planning grounds of the applicant failing to conform to the Slaughterhouses (Hygienic) Regulations or the Slaughter of Animals (Prevention of Cruelty) Regulations, 1958. This is an important departure from the previously announced policy of moderate concentration of slaughterhouses and is to be deplored on public health grounds owing to the difficulty of carrying out an efficient system of meat inspection in numerous private slaughterhouses where the hours of slaughter cannot be controlled. In the case of the Cardiff Authority the Resolution limiting slaughter to existing premises still holds by virtue of the provision of public slaughterhouse facilities and applications for further licences in the City can be refused.

During the year a site for a new abattoir was provisionally selected at Penarth Road. Objections have been lodged with the Minister of Housing and Local Government by the owners of the site and by the occupiers of factories adjoining the site. The interests concerned were not reconciled at the end of the year. Bearing in mind Council policy of re-siting the abattoir no major structural work was entertained at Roath Market but the time is rapidly approaching when the Council must either proceed with the new scheme or incur heavy expenditure on the existing abattoir to conform with the Regulations mentioned above.

X—Report for 1958 of

Mr. STANLEY DIXON, M.Sc., F.R.I.C., Public Analyst

The total number of samples examined during the year was 3,132, which is the highest number yet recorded for the laboratory. This is an appreciable increase over the corresponding figure for the year 1957, which was the previous highest, as will be seen in the table below which shows the numbers of samples examined during the first four full years in our new premises.

Total Number of Samples Examined

	1955	1956	1957	1958
Under the Food and Drugs Act ..	1,598	1,990	2,078	1,930
Under the Fertilisers and Feeding Stuffs Act	32	50	45	55
Waters and Effluents	389	374	613	849
Miscellaneous	334	327	290	298
	<hr/> 2,353	<hr/> 2,741	<hr/> 3,026	<hr/> 3,132

The increase during the year 1958 was due to a record number of water samples being submitted for examination, and indeed, this section of the work has far exceeded our anticipations as regards both numbers and scope.

The laboratory continues to carry out analytical work required by the Swansea County Borough Council, and the following table shows the numbers of samples examined for both the Cardiff and Swansea Authorities and the headings under which they were classified :—

For the City of Cardiff :

Under the Food and Drugs Act	1,393
Under the Milk (Special Designation) Regulations	72
For the Port Health Authority	11
Under the Fertilisers and Feeding Stuffs Act	23
For the Public Health Department	334
For the Parks and Baths Department	10
For the City Surveyor's Department	3
For the Waterworks Department	525
From other sources	11
	<hr/> 2,382

For the County Borough of Swansea :

Under the Food and Drugs Act	537
For the Public Health Department	127
For the Weights and Measures Department—Under the Fertilisers and Feeding Stuffs Act	32
For the Borough Engineer's Department	1
For the Waterworks Department	51
For the Port Health Authority	1
	<hr/> 749
TOTAL ..	<hr/> 3,131

A separate report on the work carried out for the County Borough of Swansea is made to the Swansea Health Committee.

FOOD AND DRUGS LEGISLATION

Legislation relating to the composition and labelling of food and drugs, the wholesomeness of food, and food hygiene is contained in the Food and Drugs Act, 1955 and in Regulations, Statutory Instruments and Statutory Rules and Orders made under or kept in force by this Act.

Since the repealed Food and Drugs Act of 1938 was drafted great changes have taken place in the food industry. Many new synthetic chemicals have been used or recommended for use in the preparation and processing of food, and the 1955 Act contains, *inter alia*, new provisions against the sale of food containing injurious or other undesirable ingredients, particularly those with cumulative effects, and against harmful technological processes.

The main legislation having thus been brought up to date, the Minister of Agriculture, Fisheries and Food is now reviewing some of the older Regulations and Statutory Instruments and Orders with the object of ensuring that they take account of modern views, practice and conditions. Foremost among those receiving consideration are the Public Health (Preservatives, etc. in Food) Regulations, 1925, as amended, and the legislation introduced during the year 1958 was concerned mainly with the further amendment and clarification of the provisions of these Regulations.

Colouring Matter in Food.—In my Report for the year 1957, attention was drawn to an important change in the method of regulating the use of colouring matters in food. The Public Health (Preservatives, etc. in Food) Regulations, 1925 allowed the use of any colour whatever except five specified coal-tar dyes, one vegetable colouring matter and compounds of eight specified metals which were recognised at that time as being harmful. Since 1925, however, evidence has accumulated indicating that other artificial colours besides the five that were prohibited must be regarded with suspicion, and following reports of the Preservatives Sub-Committee of the Food Standards Committee on this subject, the provisions of these Regulations were revoked in June, 1957 and replaced by *The Colouring Matter in Food Regulations, 1957*. These Regulations permit the use of 30 specified coal-tar colours, together with caramel, cochineal, natural fruit and vegetable colours, 13 other specified colours of vegetable origin and five colours from mineral sources. All other colours are prohibited. Instead of having a short list of *prohibited* colours, therefore, we now have a select list of *permitted* colours which the available evidence indicates are not harmful to health. These Regulations are being introduced by stages; further stages came into operation during 1958 and they will apply to all retail sales and be fully effective from 30th June, 1959.

Antioxidants in Food.—During the year under review *The Antioxidant in Food Regulations, 1958*, were made. Antioxidants are substances which retard the development of rancidity in fats and oils caused by exposure to the air (oxidative rancidity), and they can greatly prolong the storage life of edible fats and oils when they are present in very small amounts.

These substances were the subject of reports by the Preservatives Sub-Committee of the Food Standards Committee published by the Ministry of Food in 1953 and 1954. They serve only to prolong the storage period of a well-prepared fat and do not bear the general objection to the use of germicidal preservatives in food, namely, that they mask decomposition. Further, their addition above an optimum amount to foods does not increase their effectiveness, though excessive amounts are likely to have a detrimental effect on flavour and colour. After consideration of their biological, physiological and functional properties, the Committee concluded that the use of antioxidants under strict control was justified on the grounds of avoidance of wastage and to ensure that fat-containing foods reach the consumer in an acceptable condition. It was pointed out, however, that doubt existed as to whether the use of antioxidants in foods would infringe the general prohibition of the use of preservatives in food effected by the Public Health (Preservatives, etc. in Food) Regulations which define "preservative" as "any substance which is capable of inhibiting, retarding or arresting the process of fermentation, acidification, or other decomposition of food or of masking any of the evidences of putrefaction."

The new Regulations, which came into operation on the 6th September, 1958, permit the presence of five specified antioxidants, viz.—propyl, octyl and dodecyl gallates, butylated hydroxyanisole (B.H.A.) and butylated hydroxytoluene (B.H.T.), which may be used either singly or in combination within specified limits in the following classes of foodstuffs :—(i) anhydrous edible oils and fats (whether hardened or not) and vitamin oils and concentrates ; (ii) butter for manufacturing purposes ; and (iii) essential oils. The legal doubt arising from the wide definition of the term “preservative” in the Public Health (Preservatives, etc. in Food) Regulations was clarified by providing that these Preservatives in Food Regulations shall not apply to any antioxidant or to any food containing antioxidant.

Treatment of Fruit with Anti-mould Agents.—During the war, under Regulation 60 CAA of the Defence (General) Regulations, 1939, citrus fruits were allowed to contain the anti-mould agent “diphenyl” provided the fruit had been wrapped outside the United Kingdom in wrappers impregnated with this substance to the extent of not more than 40 milligrams per 100 square inches. This Regulation lapsed in December, 1953, when it was re-enacted as an amendment to the Preservatives in Food Regulations without the proviso relating to the proportion of diphenyl on the wrapper. Since then other methods for the preservation of citrus fruits with diphenyl have come into use, e.g. the impregnation of the container with diphenyl or the inclusion of impregnated pads or spacers in the containers. Other methods of arresting mould infection, and hence rotting of fruit, have also been developed which involve the use of ortho-phenyl-phenol, a substance closely related in chemical structure to diphenyl.

These changes in the technique of preserving citrus fruits have been considered by the Preservatives Sub-Committee of the Food Standards Committee and the Committee is satisfied, on the basis of an examination of the available pharmacological evidence, that no health hazard is to be expected from the preservation of citrus fruits in these ways. The Committee considered that the replacement of the existing provision by a limit on the content of preservative in the fruit itself would provide a greater measure of protection for the consumer and facilitate enforcement, and it recommended the adoption of statutory limits which would permit the presence in or on citrus fruits of not more than 100 parts per million of diphenyl or not more than 70 parts per million of ortho-phenyl-phenol.

In August, 1958, the Public Health (Preservatives, etc. in Food) Regulations were amended to give effect to these recommendations and to allow citrus fruits to contain mixtures of these preservatives within specified limits, while in December, 1958, these Regulations were further amended to permit the presence of ortho-phenyl-phenol in certain non-citrus fruits within prescribed limits.

Copper in Foods.—In 1956, the Ministry of Agriculture, Fisheries and Food published a revised report of the Food Standards Committee on “Copper in Foods.” From the public health standpoint, the presence in food of traces of copper is a less serious problem than in the case of lead or arsenic, since copper is essential in small quantities to both plant and animal life. The Food Standards Committee therefore considered that, whilst they may need to prescribe a statutory limit for foods which are particularly liable to copper contamination (as has been done for edible gelatine and tomato ketchup), it is unnecessary, in the absence of any new development, to give statutory effect to the limits they recommend for other foods and which they consider are consistent with good commercial practice. In Circular FSH 13/58 dealing with this subject and sent to Food and Drugs Authorities by the Ministry of Agriculture, Fisheries and Food in August, 1958, it is stated that both the Minister of Health and the Minister of Agriculture, Fisheries and Food accept this view and they also believe that consumers will be adequately protected by good commercial practice. The limits for copper in various foods finally recommended by the Food Standards Committee are set out as an appendix to this circular which may be regarded as a “code of practice” for food producers, manufacturers and processors.

Drugs and Pharmaceutical Preparations.—On 1st September, 1958, the British Pharmacopœia, 1958, became official. This ninth edition contains many new monographs on drugs and pharmaceutical preparations, and it contains more than one thousand pages. The procedures described in the assay of chemical substances have been reviewed in the light of developments in analytical chemistry, and the use of spectro-photometric methods has been considerably extended. For the first time monographs on radioactive substances are included and methods of assay and for the determination of radiochemical purity are prescribed.

SAMPLES SUBMITTED UNDER THE FOOD AND DRUGS ACT, 1955

The total number of samples of food and drugs examined during the year for the City of Cardiff was 1,393. The fact that a sample is obtained under the provisions of the Food and Drugs Act does not prevent action being taken by appropriate Authorities under other legal enactments, and therefore, when the samples were examined and reported upon, consideration was given to all relevant legislation.

The nature of the various articles submitted, the number of each kind and the numbers that were adulterated or otherwise unsatisfactory are shown in the following table :—

Samples submitted under the Food and Drugs Act during 1958

Nature of Sample	Number examined	Number unsatisfactory
Apples	4	—
Apricots, Canned	2	—
Arrowroot	1	—
Baking powder	1	—
Beans in tomato sauce, Canned	1	—
Beverage powder	3	—
Biscuits	15	—
Butter	10	—
Buttered bread rolls	1	1
Cake mixture	3	—
Cakes	8	5
Cheese spread	4	—
Cherries, Glacé	2	—
Chocolate spread	1	—
Cocoa	9	—
Coffee	7	—
Coffee and chicory essence	3	—
Coffee extract, Dry	3	—
Condiment, Non-brewed	1	—
Cooking fat	3	—
Crab, Canned dressed	2	—
Cream	3	—
Currants	3	1
Curry powder	2	—
Dessert powder	1	—
Doughnuts, Cream	2	—
Drinking straws with flavouring	2	—
Drugs and Medicinal Preparations :—		
Aspirin tablets, Children's	1	—
Blackcurrant syrup	2	1
Cold and influenza mixture	1	—
Cough syrup	2	—
Glycerin, blackcurrant and honey	1	—
Glycerin, lemon and honey	1	—
Halibut liver oil capsules	1	—
Hydrogen peroxide	1	—
Iron and yeast tablets	2	—
Medicated sweets	1	—
Olive oil	3	—

Samples submitted under the Food and Drugs Act during 1958—continued.

Nature of Sample	Number examined	Number unsatisfactory
<i>Drugs and Medicinal Preparations—continued</i>		
Rose hip syrup	1	—
Saccharin tablets	1	—
Sal Volatile	3	—
Teething jelly	2	1
Vitamin preparations, Compound	13	—
Fish dressing	1	—
Fish paste	4	—
Flour	2	—
Flour, Self-raising	10	1
Fruit salad, Dried	1	—
Golden raising powder	2	—
Gravy salt	1	—
Herbs, Dried	4	—
Ice-cream	16	1
Jam	5	—
Lard	10	—
Lemon curd	3	—
Lemon juice	2	—
Margarine	15	1
Marzipan	3	1
<i>Meat and meat products :—</i>		
Ham, Canned devilled	1	—
Chicken and ham paste	1	—
Sausage meat	1	—
Sausages	6	4
Steak, Canned stewed	3	—
Milk	918	53
Milk, Channel Islands	117	14
Milk, Appeal-to-cow	5	1
Milk pudding, Canned	3	—
Milk food, dried	2	—
Milk shake powder	1	—
Mincemeat	3	—
Mustard, Compound	2	—
Mustard, Prepared	3	—
Onions, Pickled	1	—
Oranges	1	—
Oranges, Canned	2	—
Pastry mix	1	—
Peanut butter	1	—
Peanuts, Salted	1	1
Pepper	2	—
Prunes, Canned	7	3
Pudding, Christmas	5	2
Pudding mixture	3	—
Raisins	2	—
Salad cream	7	—
Salmon, Canned	1	—
Salmon, Potted	1	—
Sauce, Chop/Mustard	2	—
Sauce, Tomato	8	1
Savoury stuffing	2	—
Semolina	2	—
Soft drinks	22	—
Soft drink powders	2	—
Soup, Canned	2	—
Soup powder preparations	3	—
Spice, Pickling	1	—
Spirits	6	—
Sponge mixture	1	—

Samples submitted under the Food and Drugs Act during 1958—continued

Nature of Sample	Number examined	Number unsatisfactory
Spread, Invert sugar and honey	1	—
Stout	1	—
Suet, Shredded	3	—
Sugar, Demerara	1	—
Sugar preparation, Icing	1	—
Sultanas	2	—
Sweets	1	—
Table jelly tablets	3	—
Table salt	1	—
Tea	12	—
Tomato purée	1	—
Trifle mixture	1	—
Vinegar, Spirit	1	—
TOTAL ..	1,393	92

Of the total of 1,393 samples submitted under the Food and Drugs Act, 92 or 6·6 per cent were reported upon adversely. In 1957 the proportion of unsatisfactory samples was 6·1 per cent while in 1956 it was 9·6 per cent.

Milk

The total number of milk samples submitted under the Food and Drugs Act during the year was 1,040. Of these, 1,035 were taken in the usual way by the Sampling Officers from roundsmen, at wholesale dairies, and at schools, hospitals and other institutions, while five were appeal-to-cow samples. Preservatives or added colouring matter were not found in any of the samples. The adulterated and otherwise unsatisfactory samples are classified in the tables below.

Ordinary Milk—918 samples

Number deficient in fat only	40 = 4·3%
Number containing added water only	11 = 1·2%
Number deficient in fat and containing added water	2 = 0·2%

Channel Islands Milk—117 samples

Number containing less than 4·0% of fat ..	14 = 11·9%
Number containing added water	— —

Genuine Milk of poor quality

Number of samples of ordinary milk that contained less than 8·5% of non-fatty solids but showed no evidence of the presence of added water by the freezing-point test ..	203 = 22·1%
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Ordinary Milk.—Most of the samples that contained less than the legal presumptive minimum of 3·0 per cent of fat were taken from supplies of raw milk delivered to dairies in the city and were described on the labels attached to the churns as morning milk. In many cases they were accompanied by samples of afternoon milk from the same cows and invariably these were rich in fat so that the fat content of the whole consignment averaged more than 3 per cent.

When there is a considerably longer interval between the afternoon milking and the next morning milking than there is between the morning and afternoon milkings of the same cows, it is generally found that the afternoon milk is small in quantity and rich in fat, while the morning milk is large in volume and low in fat content. This is the most common cause of the fat content of genuine milk falling below 3 per cent and it is particularly liable to occur in the Spring when the average fat content of milk is at its lowest during the year.

One sample of pasteurised milk, however, contained only 1·20 per cent, of fat and it was therefore deficient of 60 per cent of the prescribed presumptive minimum fat content. The vendors, who attributed this large deficiency to failure to mix the milk properly before processing after it had been standing overnight, were cautioned by the Chief Public Health Inspector. A number of samples taken subsequently from this source have been satisfactory.

Two hundred and nineteen samples of ordinary milk contained less than the legal presumptive minimum of 8·5 per cent of non-fatty solids, but the Hortvet freezing-point test showed that only 13 samples contained extraneous water, the remainder being naturally poor in solids other than fat. The amounts of extraneous water present were small, the vendors were warned by the Chief Public Health Inspector and further samples from all the sources concerned proved to be genuine.

Channel Islands Milk.—Milk for human consumption sold under the special designations “Jersey Milk,” “Guernsey Milk” and “Channel Islands Milk” must be produced from cows of the Channel Islands breeds and must contain not less than 4·0 per cent of fat. An extra charge may be made for such milk and in addition to being rich in fat, almost invariably it contains a high proportion of non-fatty solids, these averaging 9 per cent or more.

During the year, 117 samples of Channel Islands Milk were examined, fourteen of which were found to contain less than 4 per cent of fat (3·16–3·90 per cent). The vendors of five of these samples were warned by the Chief Public Health Inspector. In the remaining cases the samples were from churns which were only part of the total consignments and the fat contents of the whole consignments averaged well over 4 per cent. It appears that most of the Channel Islands Milk received at the larger dairies is bulked and pasteurised before being bottled for distribution. In such cases, provided the fat content of the bulked milk is not less than 4 per cent, uneven distribution of the fat in the individual churns from a producer is of little moment, but occasionally some of the churns as supplied by the producer are sent to other retailers for bottling and distribution. It is necessary for the retailer to ensure that unprocessed Channel Islands Milk purchased from a wholesaler does in fact contain not less than 4 per cent of fat.

Appeal-to-Cow Samples.—These are samples of milk taken by a Sampling Officer after he has very carefully supervised the milking of the cows. They are obtained for comparison purposes where a previous sample from the same source has been found to be unsatisfactory and they show the composition and properties of the unadulterated milk given by the cows.

During the year, five such samples were obtained from one farm, two being taken at an evening milking and three at the morning milking on the following day. The evening milks were of very good quality, but one of the samples of morning milk was slightly low in fat, while another was slightly low in non-fatty solids. The freezing-points of all five samples were normal, ranging from $-0\cdot541^{\circ}\text{C}.$ to $-0\cdot553^{\circ}\text{C}.$

Average Composition of Milk Samples.—The average composition of all the milk samples submitted during the year is given in the table below. The average composition of the Channel Islands Milk and of the “ordinary” milk samples (i.e. all samples other than Channel Islands Milk) is also shown.

Average Composition of Milk Samples, 1958

Variety	Number of Samples	Fat per cent	Non-fatty solids per cent	Total solids per cent
Channel Islands Milk ..	117	4·53	9·00	13·53
Other Milk samples ..	923	3·57	8·58	12·15
All Milk samples ..	1,040	3·67	8·63	12·30

It will be observed that the average composition of Channel Islands Milk is much superior to that of "ordinary milk" in respect of both fat and non-fatty solids.

The monthly variations in the composition of all the milk samples other than those of Channel Islands Milk are given in the following table :—

Milk Samples other than Channel Islands Milk
Monthly Variations, 1958

Month	Number of Samples	Fat per cent	Non-fatty Solids per cent	Total Solids per cent
January	74	3·76	8·54	12·30
February	70	3·64	8·47	12·11
March	77	3·53	8·54	12·07
April	91	3·44	8·47	11·91
May	82	3·30	8·67	11·97
June	71	3·32	8·80	12·12
July	82	3·46	8·61	12·07
August	71	3·46	8·60	12·06
September	30	3·56	8·65	12·21
October	98	3·76	8·61	12·37
November	105	3·72	8·54	12·26
December	72	3·75	8·54	12·29
Whole year	923	3·57	8·58	12·15

For many years it has been observed that on the average the fat content of milk is lowest in the spring and highest in the autumn, while the non-fatty solids are generally at their highest in October. In recent years the non-fatty solids have fallen sharply towards the end of the winter—doubtless the result of poor and/or unbalanced feeding of the cows at this time of the year. During 1958 the monthly averages for fat followed the general trend, but the non-fatty solids were highest in June and the figures for November and December were unusually low for these months.

In the next table the average composition of the "ordinary milk" samples for 1958 is compared with the figures for the years 1935—1957.

Average Composition of Milk Samples (excluding Channel Islands Milk) 1935–1958

Year	Fat, per cent	Non-fatty solids per cent	Total solids per cent
1935	3·81	8·83	12·64
1936	3·77	8·74	12·51
1937	3·81	8·75	12·56
1938	3·67	8·74	12·41
1939	3·66	8·78	12·44
1940	3·68	8·64	12·32
1941	3·61	8·67	12·28
1942	3·64	8·67	12·31
1943	3·62	8·76	12·38
1944	3·65	8·74	12·39
1945	3·59	8·64	12·23
1946	3·65	8·67	12·32
1947	3·59	8·73	12·32
1948	3·55	8·70	12·25
1949	3·57	8·67	12·24
1950	3·55	8·74	12·29
1951	3·55	8·67	12·22
1952	3·51	8·69	12·20
1953	3·48	8·69	12·17
1954	3·52	8·67	12·19
1955	3·48	8·64	12·12
1956	3·50	8·64	12·14
1957	3·61	8·65	12·26
1958	3·57	8·58	12·15

For some considerable time attention has been drawn in these annual reports to the steady decline in the average composition of the samples of ordinary milk that has taken place since the year 1935. It will be seen in the previous table that prior to 1958 the minimum figures for both fat and non-fatty solids occurred in the year 1955. In 1956, the figures remained substantially at the 1955 levels, but in 1957 there was a distinct increase in the average fat content though the solids-not-fat content did not differ significantly from the figure for the two preceding years.

Although there was some regression in the fat content in 1958, the average figure for this year, viz.:—3·57 per cent, is higher than that for any year since 1949 with the exception of 1957. These higher average fat contents for the years 1957 and 1958 may have been a consequence of (1) the operation since 1st October, 1956 of the scheme of the Joint Milk Quality Control Committee for improving the general compositional quality of milk (confined to co-operating buyers), which was outlined on pages 83 and 84 of the Cardiff Health Report for 1956; and (2) the Milk Marketing Board's "Butter-Fat Scheme" with its ultimate price penalties, which began on the 1st October, 1957 and applies to all producers.

There were, however, no similar increases in the average non-fatty solids for the years 1957 and 1958. Indeed, the figure of 8·58 per cent in the year 1958 is the lowest average yet recorded for non-fatty solids, and the average total solids content for the year, viz.:—12·15 per cent is not appreciably different from the lowest figure of 12·12 per cent recorded for total solids in 1955.

In view of this new low figure of 8·58 per cent for the average non-fatty solids content of over 900 samples of milk, it is not surprising that in 1958 there was a large increase in the proportion of samples naturally poor in solids-not-fat (i.e. containing less than 8·5 per cent of non-fatty solids but giving no evidence of the presence of extraneous water by the freezing-point test). The number of such naturally sub-standard samples during 1958 was 203 or 22·1 per cent while the proportion of such samples in recent years has been as follows:—

Year	1953	1954	1955	1956	1957	1958
Percentage ..	8·4	9·7	11·1	13·0	15·6	22·1

During these years most of the samples that were naturally poor in solids-not-fat have been obtained in late winter and early spring, i.e. in the first four months of the year, but last winter low non-fatty solids started earlier than usual, and more than one-quarter of the sub-standard samples for 1958 occurred in the months of November and December. This is reflected in the very considerable increase in the percentage of such samples in 1958.

The Sale of Milk Regulations.—The essence of British law governing the sale of milk is that it must be genuine, that is, as it comes from the cow and no absolute standard of composition has been prescribed.

The Board of Agriculture, when making the first Sale of Milk Regulations in 1901, realised that the composition of milk varied greatly and selected the figures of 3·0 per cent fat and 8·5 per cent solids-not-fat as being well below the average composition of milk at that time. The Board further considered that where the compositional quality of any milk was found to be below these standards, a presumption arose that it had been adulterated or had been deprived of some of its fat or other milk solids. This presumption was intended to compel the vendor to prove the genuineness of the milk.

These figures of 3·0 per cent fat and 8·5 per cent solids-not-fat are still included as presumptive minimum standards in the present Sale of Milk Regulations, 1939, made under the Food and Drugs Act, 1938 and continued in force under the Food and Drugs Act, 1955. Where milk contains less than these percentages, it is presumed for the purpose of Food and Drugs legislation, until the contrary is proved, that the milk is not genuine, by reason of the removal of fat or other milk solids or by the addition of water. It is a defence, where milk falls below the presumptive standards, to prove that it as produced

by the cow. This is often done by taking a sample from a corresponding milking (i.e. an "appeal-to-cow" sample) but this is only allowed by law when the milk is from a single herd.

It is, therefore, more than 50 years since these presumptive legal standards for milk were enacted. In the intervening years the composition of milk has undergone considerable alteration and the Hortvet freezing-point test is now invariably relied upon for the detection and determination of the presence of extraneous water. In view of these changes, in June, 1958 the Minister of Agriculture, Fisheries and Food, the Minister of Health, the Home Secretary and the Secretary of State for Scotland, appointed a Committee under the chairmanship of Professor J. W. Cook, D.Sc., F.R.I.C., F.R.S., with the following terms of reference:—

"To consider the composition of milk sold off farms in the United Kingdom from the standpoint both of human nutrition and animal husbandry, and to recommend any legislative or other changes that may be desirable."

The Committee held its first meeting on the 27th June, 1958, and it hopes to have its report ready by the end of the present year.

Articles other than Milk

Three hundred and fifty-three samples other than milk were submitted during the year. They covered a wide range of articles and particulars of the twenty-four samples (6·7 per cent) that were reported upon adversely are tabulated below.

Unsatisfactory Samples of Articles other than Milk

Article	Nature of Adulteration or Irregularity
Blackcurrant Syrup	The statement on the label that nothing was added but sugar and a trace of colour was not true since the syrup contained 350 parts per million of sulphur dioxide preservative.
Butter Cake (3 samples)	Contained no butter-fat. Misleading display label.
Butter Maid Cakes	Contained only 1·3% of butter-fat in a total fat content of 19·2%, a proportion insufficient to justify use of the word "butter" in description of the cakes.
Butter Sponge	Contained no butter-fat. Misleading display label.
Buttered Bread Rolls	The "butter" portion contained 20·6% of water.
Christmas Pudding (2 samples)	Labelling irregularities. The descriptions "fruit" and "dried fruit" are generic terms and not a specific name as required by the Labelling of Food Order.
Currants	Infested with larvae of a moth of the genus <i>Ephestia</i> .
Flour, Self-raising	Unfit for human consumption. Contaminated with a phenolic substance.
Ice-cream	Deficient of 10% of the prescribed minimum fat content.
Margarine	Contained 16·3% of water. (Maximum permitted—16·0 %).
Marzipan	The constituent referred to on the label as "glucose" should have been described as "liquid glucose".
Peanuts, Salted	The oil was rancid, giving the peanuts an objectionable taste.
Prunes, Canned	Not in a merchantable condition due to hydrogen swelling.
Prunes, Canned (2 samples)	Contained excessive amounts of tin, viz.: 620 and 705 parts per million respectively.
Pork Sausages (2 samples)	Contained only 58% and 63% of meat instead of at least 65%.
Pork Sausages	Contained 400 parts per million of sulphur dioxide, the presence of which was not declared either by label or notice.
Sausages, Portions of	Several pieces of cement mortar were embedded in the sausage.
Teething jelly	Contained 2·25% of potassium nitrate. It was considered undesirable that a preparation recommended for liberal application to the gums of babies of all ages several times a day should contain this proportion of potassium nitrate, and that contrary to the statement on the leaflet supplied with the article, it could not be regarded as "perfectly safe for babies of all ages".
Tomato Sauce	Contained only 3% of tomato solids instead of at least 6% as required by the Food Standards (Tomato Ketchup) Order, and the label did not bear a list of ingredients as required by the Labelling of Food Order.

Legal proceedings were not taken in respect of any of these samples, but alternative action was taken by the Chief Public Health Inspector in all cases where this was deemed necessary. Some of the unsatisfactory samples are discussed briefly below.

Butter and Margarine.—The water content of butter and margarine must not exceed 16·0 per cent. The butter on a sample of buttered rolls contained 20·6 per cent of water and a sample of margarine contained 16·3 per cent of water. The vendor of the former article and the manufacturers of the margarine were cautioned.

Cake Confectionery.—Samples of flour confectionery labelled “Butter Cakes” and “Butter Sponge” sold from shops belonging to a local firm of bakers and confectioners were found to contain no butter and the descriptions applied to these articles were therefore false. The manager of the firm was interviewed by the Chief Public Health Inspector and he gave an assurance that the use of the word “Butter” in connection with these products would cease immediately.

Another manufacturer sold small madeira-like cakes in paper containers bearing the words “Butter-Maid Cakes”. The cakes contained 19·2 parts per cent of fat of which only 1·3 parts or one-fifteenth of the total fat, consisted of butter-fat, a proportion which in my opinion is insufficient to justify use of the word “butter” in the description of the cakes. The Chief Public Health Inspector communicated with this manufacturer and he agreed to withdraw all the labels.

Canned Oranges.—A sample of canned bitter oranges for making marmalade and one of canned mandarin oranges in syrup were the subject of complaint because of the presence of pale yellow spots on the fruit. In both cases the “spots” consisted of clusters of tiny needle-shaped crystals of a substance, hesperidin, which is a natural constituent of oranges. Normally, this compound exists in solution in the juice, but it is not very soluble in water and presumably the conditions under which the tins had been kept caused this compound to separate out as clusters of minute crystals. Occasionally similar complaints have been made in respect of canned grapefruit but with this fruit the crystals that separate out in similar form and colour are not hesperidin but a closely related natural compound known as naringin.

Ice-cream.—The Food Standards (Ice-cream) Order in force throughout 1958 required ice-cream to contain not less than 5·0 per cent of fat. One sample made by a small vendor contained only 4·5 per cent of fat. She was warned and advised to maintain the fat content in excess of the legal minimum.

Tomato Sauce.—Another sample that failed to conform to the legal standard of composition was one of tomato sauce. The Food Standards (Tomato Ketchup) Order requires this article to contain at least 6 per cent of tomato solids, whereas the sample complained of contained only 3 per cent. It is almost incredible that a manufacturer of this commodity should not know that a standard which has been in operation for nine years existed, yet when the managing director of this old established family business was interviewed by the Chief Public Health Inspector, such indeed appeared to be the case. This sample also contravened the Labelling of Food Order inasmuch as the label did not bear a list of the ingredients of the sauce. The manufacturers were cautioned and they undertook to adjust their recipe to comply with the standard and to label the bottles correctly. A sample of this product taken later in the year proved to be satisfactory as regards both its composition and labelling.

Other Labelling Irregularities.—The Chief Public Health Inspector informed the manufacturers of the blackcurrant syrup and the Christmas puddings of the irregularities in their labels and he received assurances that the labels would be amended.

Contaminated and Deteriorated Foods.—A sample of self-raising flour was found to be contaminated with a phenolic disinfectant. The remainder of the stock in the shop was examined and all the contaminated packets were surrendered for destruction. The manufacturers of the sausages in which several pieces of cement mortar were embedded were interviewed by the Chief Public Health Inspector and warned.

The stock of currants that was infested with moth larvae and the salted peanuts that were rancid were destroyed, as also were the prunes that contained excessive amounts of tin.

Teething Jelly.—One of two products sold as “Baby’s Teething Jelly” contained 2·25 per cent of potassium nitrate and 20 per cent of glycerine. In a leaflet accompanying the sample it was stated that the jelly could be applied liberally to both the inside and the outside of the gums several times a day and that it was “perfectly safe for babies of all ages.” In my opinion it is undesirable for such a preparation to contain this proportion of potassium nitrate since the potassium nitrate applied to the gums would eventually be ingested by the infant and in certain circumstances this may be reduced by micro-organisms in the upper digestive tract to nitrite, be absorbed as such, and give rise to cyanosis (methaemoglobinemia).

In the course of making enquiries regarding this preparation, the Chief Public Health Inspector ascertained that another Food and Drugs Authority had already objected to the composition of the article and had communicated with the manufacturers and the Ministry of Health on this matter. The outcome of these representations was that the manufacturers promised that in future potassium citrate would be substituted for potassium nitrate. Whether potassium citrate or even potassium nitrate can be regarded as an “active ingredient” is very doubtful. Any soothing action possessed by the preparation probably arises from the sweet taste and the mild dehydrating action of the glycerine in it.

ATMOSPHERIC POLLUTION

During the last ten years, and particularly since the severe and protracted “smog” in London in December, 1952, there has been a widespread increase in the recognition of clean air for national well-being, and this has resulted in an unprecedented growth in the scheme—known as “The Investigation of Atmospheric Pollution”—whereby Local Authorities and other organisations co-operate with the Fuel Research Station of the Department of Scientific and Industrial Research by making measurements of atmospheric pollution.

A short account of the development and functions of this organisation was given in the Cardiff Health Report for 1955, pages 93 and 94.

The Cardiff City Council has co-operated in this scheme since 1926, when a standard Deposit Gauge was fixed in the Priory Gardens, but this site proved to be unsuitable and on the 1st January, 1928, the gauge was removed to the roof of the City Hall where it is still situated. Since 1932 a Lead Peroxide “Candle” has also been exposed at this site for the measurement of pollution by sulphur gases.

The deposit gauge is used to measure the rate at which atmospheric pollution is deposited and, by inference, the rate at which it is emitted into the air. It consists essentially of a glass bowl, 12 inches in diameter, which drains into a bottle of about 10 litres capacity, and after it has been exposed on the site for one calendar month the extent of pollution by deposited matter is determined by analysis of the solid and liquid fractions collected. The full examination of the deposit includes the determination of the volume of liquid (rain) collected, its pH value, and its content of calcium, chloride and sulphate ions and of total dissolved matter; the undissolved matter is weighed and analysed for ash, “tar” (i.e., material soluble in carbon disulphide), and other combustible matter.

The lead peroxide candle serves for the measurement of sulphur gases in the air. One of the most deleterious products of the combustion of fuels is sulphur present in the form of its oxides, mainly sulphur dioxide. Sulphur dioxide is discharged into the atmosphere with the chimney gases wherever fuel in the form of coal, coke, fuel oil or unpurified gases is burnt. A relatively small proportion of the sulphur contained in solid fuels is retained in the ashes, but the bulk of it goes into the atmosphere. It was estimated by the Beaver Committee on Air Pollution that in Great Britain in the year 1953, no less than 5·2 million tons of sulphur dioxide were discharged into the atmosphere from the consumption of coal, coke and oil. A recent estimate places the amount today at over 5·5 million tons.

In the lead peroxide method of measuring sulphur dioxide, a small porcelain cylinder or "candle" coated with lead peroxide is exposed to the air for one month and then analysed for sulphates, since the sulphur dioxide taken up from the air is oxidised by the lead peroxide to sulphate. To protect the candle from rain and external damage during exposure it is housed in a louvered box. The results are expressed in empirical units, viz. :—milligrams of sulphur trioxide per day per 100 square centimetres of standard lead peroxide exposed in the standard apparatus ; they thus provide comparative data only, but they do afford a means of comparing the intensity of pollution of the air by sulphur gases at different places and times and they give a useful indication of the relative effects of pollution upon buildings, stonework, metals and paints. It should be noted that even if visible smoke and grit emission from chimneys are prohibited and smokeless zones become more common, sulphur gases will still be released into the atmosphere wherever coal, smokeless solid fuel or oil is burned, and it is these invisible gases which cause such damage to man, property and vegetation.

The results obtained at the City Hall site are forwarded by the Health Department each month to the Superintendent of Observations at the Fuel Research Station, London, and they form part of the nation-wide survey made by the Department of Scientific and Industrial Research. Long-term records are particularly useful, and observations made at an approved site should be continued for they provide valuable information as to changes in pollution in relation to industrial and other developments in the area. In addition, whether the site is in a clean or a heavily polluted area, the results are invaluable to medical and other investigators studying the effects of pollution.

During December, 1958, a number of daily measurements of the concentration of smoke and of sulphur dioxide in the atmosphere were made preliminary to making official daily measurements from the 1st January, 1959, at the City Hall and at three new sites in the City where deposit gauges, sulphur "candles," smoke filters and volumetric sulphur dioxide apparatus recently have been installed. Since the Chief Public Health Inspector is responsible for the administration of the Clean Air Act, 1956, which became fully operative on the 1st June, 1958, in the future Mr. W. Bate will be recording and discussing the results of this section of the work of the laboratory, and therefore only a summary of the results with brief comments need be given here.

The following table summarises the results of the monthly analyses of the rain water and insoluble matter collected in the deposit gauge, and of the prepared lead peroxide "candles" after absorption of the active sulphur gases for the year 1958. The figures for the years 1955-57 are also given for comparison.

Atmospheric Pollution—City Hall Site, 1955-1958

Year	TOTAL DEPOSITED MATTER tons per square mile per year	SULPHUR GASES Average SO ₂ in milli- grams per 100 sq. cms. per day
1955	163·7	0·91
1956	169·7	0·90
1957	179·3	0·80
1958	141·7	0·87

It will be seen that there was a marked reduction in the total deposit (soot, dust and grit) in the neighbourhood of the City Hall during 1958, but there has been no significant alteration in the amount of sulphur pollution in recent years.

In a clean rural atmosphere the deposited matter averages about 70 tons per square mile per year and the active sulphur gases about 0·25 milligrams of SO₂ per 100 square cms. per day, while in highly industrial areas the figures may average 1,200 tons per square mile for deposited matter and 8 milligrams of SO₂ per 100 sq. cms. per day for the pollution by sulphur gases.

MISCELLANEOUS SAMPLES

Sterilised Milk.—The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, require sterilised milk to be filtered or clarified, homogenised and heated in bottles to a temperature not below 212°F. for such a period as to ensure that it will satisfy a prescribed test designated the Turbidity Test. This test is based upon the fact that heating to not less than 212°F. for a period sufficient for effective sterilisation will also completely denature all the soluble protein of the milk. Samples that show the presence of soluble protein under the conditions of the test are insufficiently heated or contain raw milk.

During the year, 72 samples of sterilised milk were submitted under the Regulations and all of them satisfied the turbidity test.

Imported Foods.—Eleven samples of imported foodstuffs comprising eight of oranges and one each of apples, canned peeled tomatoes and tomato paste were of satisfactory quality and complied with legal or other recognised requirements. The apples had been treated with a lead arsenate spray to prevent damage by the codlin moth and other insects, but the amounts of arsenic and lead found on the fruit, viz. :—0·3 part per million of arsenic (As) and 0·8 part per million of lead, were well within the general limits of 1 part per million of arsenic and 2 parts per million of lead recommended by the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food.

Fertilisers and Feeding Stuffs.—Six samples of fertilisers and seventeen of animal feeding stuffs were submitted under the provisions of the Fertilisers and Feeding Stuffs Act, 1926. They consisted of the following articles :—

Compound Feeding Stuffs ..	17	Compound Fertilisers	4
Sulphate of Ammonia ..	1	Sulphate of Potash	1

The Act requires "Statutory Statements" of composition to be given with these articles, and Regulations under the Act prescribe the limits of the variation allowed between these statements and the actual composition of the article.

With one exception the samples agreed, within the limits of variation permitted by the Regulations, with the particulars of composition supplied. These very satisfactory findings undoubtedly are due to two main factors—in the case of feeding stuffs, to the wider and more practical tolerances provided for oil and fibre declarations by the Fertilisers and Feeding Stuffs Regulations that came into operation on the 1st January, 1956, and as regards fertilisers, to their being manufactured mainly by big concerns that can turn out products of more uniform composition and exercise more rigid analytical control.

The sample that was unsatisfactory was a compound fertiliser. It was guaranteed to contain 14·5 per cent of nitrogen and the Regulations permit a variation of one-eighth of the amount stated, i.e. the sample should have contained not less than 12·69 per cent of nitrogen. The nitrogen content, however, proved to be only 12·3 per cent or 2·2 per cent below the amount guaranteed. The particulars relating to the phosphoric acid and potash contents of this article were correct within the limits of variation permitted. Another sample of this product obtained later proved to be satisfactory in all respects.

Public Health Department.—In addition to the 74 samples examined in connection with atmospheric pollution, 260 samples were submitted by or through the Public Health Department. They comprised the following articles :—

Swimming bath waters ..	230	Powder	1
Other water samples ..	12	Warfarin rat bait ..	2
Foods	9	Lung tissue	4
Bacon rind	1	Gelatin	1

The examination of samples from swimming baths in the City provides information for the maintenance of safe and attractive water in the baths, with freedom from deleterious effects upon the eyes and skin of the bathers.

Of the other water samples examined for this Department, seven were from wells, two were from a tap at a house receiving the ordinary public supply, one was public supply water after being boiled in an enamelled saucepan, while the other two were from a coal cellar (to ascertain the origin of the water) and Roath Park Lake.

The samples of food consisted of sliced bread (2), canned cream, frozen peas, frozen salmon, kippers, sausages, tomato puree and vinegar. Of these the following were unsatisfactory:—one of the samples of sliced bread contained grease (from the spindle of the mixer), the canned cream showed evidence of local over-heating and the frozen peas had deteriorated and were not of merchantable quality. The kippers were suspected of causing a skin reaction, but upon examination nothing was found that might account for this.

The bacon rind was stained green, but this colour was not one of the permitted colouring matters listed in the Colouring Matter in Food Regulations.

The sample of powder was from a sealed packet found in a box of grapefruit. It consisted of a siliceous material having absorbent properties which was impregnated with a small proportion of an ammonium compound.

The four samples of lung tissue and the gelatin were examined for arsenic, copper and nickel in connection with research work being carried out in the Pathology Department of the Cardiff Royal Infirmary.

In addition to the analytical work carried out for the Public Health Department, a thick syrup poison bait containing thallium sulphate was made up periodically for the destruction of household ants. Experience with this bait over a number of years has shown that it is most successful, and many long-established colonies have been completely wiped out.

Solutions were also prepared regularly for use in the control of the break-point chlorination process at the Guildford Crescent Swimming Baths.

Waterworks Department.—Five hundred and twenty-one samples of water and four of other articles were analysed for the Waterworks Department.

In addition to the samples taken regularly in connection with the treatment and distribution of the piped supply, the work included the regular examination of samples from the Sor Brook and River Usk taken in connection with the Llandegfedd reservoir scheme, and also from the Ely Wells, disused mines and other potential sources of supply. Other samples were submitted to ascertain whether there was leakage from the mains and for the investigation of consumers' complaints. The other articles consisted of sludge from the Wenallt Reservoir and three samples of filter paper removed from filters at a brewery.

A landslide into Cantref Reservoir which occurred in September, 1958 resulted in dirty water for a short period and occasioned additional sampling at various points in the supply.

Other Corporation Departments.—Two samples of ground water from trial holes and one of mortar were analysed for the City Surveyor's Department, while eight samples of water from the Wales Empire Pool, one of the water supplied to the boilers at the pool and one of water from the oil house pit at these baths were analysed for the Parks and Baths Department.

Other Samples.—Eleven samples from other sources consisted of:—Water (4), Foods (4) and Trade Effluents. (3).

XI—METEOROLOGICAL OBSERVATIONS

1958

The geographical position of the Meteorological Station, which is situated at Penylan, Cardiff, is Latitude 51° 30' N., Longitude 3° 10' W., and the height of the Station above mean sea level is 203 feet. Observations were made daily at 9.0 a.m. (G.M.T.) Summaries of the observations made during 1958 are given in the following tables :—

BAROMETRIC PRESSURE AND RELATIVE HUMIDITY

Month	Attached Ther- mometer (Mean)	Mean Barometric Pressure		Hygrometer		
		Uncorrected	Reduced to Mean Sea Level and Temp. 32° F.	Dry Bulb (Mean)	Wet Bulb (Mean)	Mean Relative Humidity
	°F.	Inches	Inches	°F.	°F.	%
January ..	39.8	29.660	29.876	39.0	38.2	92
February ..	42.2	29.668	29.878	42.5	41.1	88
March ..	39.2	29.657	29.877	38.8	36.9	82
April ..	45.8	29.906	30.105	47.0	43.2	72
May ..	52.6	29.761	29.938	53.6	49.4	73
June ..	57.3	29.758	29.920	58.8	54.4	73
July ..	60.5	29.743	29.893	62.1	57.7	75
August ..	60.1	29.707	29.860	60.8	58.2	85
September ..	59.2	29.813	29.968	59.9	57.2	84
October ..	53.1	29.922	30.098	53.1	51.1	87
November ..	46.3	29.981	30.180	45.1	43.7	89
December ..	42.1	29.428	29.637	40.6	39.9	93
	49.9	29.750	29.935	50.1	47.6	83

TEMPERATURE

Month	Absolute Maximum	Absolute Minimum	Mean of Maximum	Mean of Minimum	Mean Temperature	Difference from Average (69 years)
	°F.	°F.	°F.	°F.	°F.	°F.
January ..	52	19	44.7	34.3	39.5	—0.5
February ..	37	28	48.1	37.3	42.7	+2.5
March ..	59	22	45.6	33.9	39.7	—3.4
April ..	71	27	53.9	38.9	46.4	—0.7
May ..	74	39	59.7	46.7	53.2	+0.3
June ..	73	46	64.8	51.3	58.1	+0.2
July ..	78	47	67.8	54.8	61.3	+0.4
August ..	72	48	66.8	55.6	61.2	+0.4
September ..	75	45	65.6	53.7	59.7	+2.8
October ..	64	38	58.1	48.3	53.2	+2.5
November ..	62	29	49.3	40.6	45.0	+0.2
December ..	53	28	45.6	36.9	41.3	
	78	19	55.9	44.4	50.1	+0.4

UNDERGROUND TEMPERATURE AND SUNSHINE

Month	Underground Temperature (Mean)		Bright Sunshine	
	1 ft.	4 ft.	Total Duration	Difference from Average (50 years)
	F°.	°F.	Hours	Hours
January ..	40·6	45·4	52·6	+ 0·3
February ..	42·5	44·5	54·9	—20·7
March ..	40·9	42·6	110·0	—11·2
April ..	46·1	45·3	154·9	—14·4
May ..	55·3	52·7	172·5	—31·2
June ..	60·9	57·8	160·4	—55·5
July ..	64·5	61·8	172·6	—25·5
August ..	63·8	62·0	116·0	—70·3
September ..	62·2	61·2	118·5	—24·9
October ..	52·4	57·3	105·3	+ 0·7
November ..	49·5	53·3	35·5	—28·5
December ..	44·1	48·7	20·9	—27·2
	51·9	52·7	1,274·1*	—308·4

* = 28·4% of possible duration and a daily average of 3·49 hours.

RAINFALL

Month	Total	Difference from Average (69 years)	Greatest Fall in 24 hours*		Number of Rain-days (0·01 inch or more)
			Amount	Day	
	Inches	Inches	Inches		
January ..	4·23	+ 0·15	0·80	4th	18
February ..	5·75	+ 2·85	1·00	9th	20
March ..	1·01	—1·84	0·33	12th	7
April ..	0·73	—1·86	0·32	25th	7
May ..	4·32	+ 1·61	0·70	15th	18
June ..	3·12	+ 0·57	1·30	2nd	15
July ..	3·41	+ 0·33	0·71	25th	17
August ..	5·68	+ 1·62	0·81	18th	23
September ..	7·01	+ 3·62	1·75	23rd	18
October ..	4·70	+ 0·10	0·97	3rd	16
November ..	2·46	—1·68	0·67	1st	12
December ..	4·55	+ 0·14	0·56	17th	20
	46·97	+ 5·66	1·75 on 23rd Sept.		191

*24 hours ended 9.0 a.m. (G.M.T.) next day

XII. Miscellany

NATIONAL ASSISTANCE ACT, 1948

During the year two cases were made the subjects of Orders under the Act of 1948 for removal to a suitable hospital or other place. One was a man aged 65 who was blind and extremely weak. He was found living alone on the ground floor and because of his disabilities, was unable to devote to himself the attention he needed. He refused permission to enter his living room and was interviewed in his (front) sitting room. On a second visit, the man appeared weaker and very tired, and he complained of dizziness, so it was decided that, in his own interests he should be removed to hospital without delay. As he could not be persuaded to enter hospital, an Order was obtained and he was admitted the same day (30th July). He settled down well in the hospital and showed no signs of resistance to treatment. His condition deteriorated, however, and he died on the 25th October from heart disease.

The other case was a single woman, aged about 74 years living alone in premises above a shop. Her rooms were strewn with paper and milk bottles and she had no means of lighting and heating the rooms nor of cooking meals. She was badly clothed and was in great danger of dying from exposure during the winter months. The woman could not be persuaded to enter a hostel, so an Order was obtained on the 2nd December for her admission to a Hostel for aged and infirm persons. Although shown the Order on the 5th December, she refused to comply with it. Another effort was made to persuade her to obey the Order on 9th December and on this occasion a police constable was present. On the 10th December, the woman was physically removed from the premises and placed in an ambulance and taken to the Hostel—again a police constable was present. On arrival at the Hostel she refused to co-operate with the staff or to consider staying there for a short period. She left after receiving a meal, and arrived home early in the afternoon. It was considered that she could not be detained in a Welfare Home without the use of constant physical restraint, and as she was apparently in good health apart from malnutrition, she would be unsuitable for admission to any hospital. This would appear to be the limit of action, except perhaps, to bring her to Court for non-compliance with the Order. However, information soon came to the Department that she had been admitted to St. David's Hospital suffering from pneumonia, of which she died on the 27th December.

“ Q ” FEVER

A. H. GRIFFITH, M.B., B.S., D.P.H.

Senior Medical Officer

Improved standards of living and modern advances in medical science have been largely responsible for the eradication of some infectious diseases and for the reduction in the incidence of others. On the other hand, these same factors may be responsible for the fact that from time to time new transmissible diseases are detected in our midst. These diseases, which are usually caused by filter passing viruses, may have afflicted past generations but accurate diagnosis has not been possible until recently. Alternatively, the extensive use of modern methods of travelling may have been responsible for the widespread dissemination of what had been virus limited to a single locality.

One of these new diseases is known as “ Q ” (for query) fever. It is due to the filter passing virus *Rickettsia burnetti* and was first described as a disease in 1937. It was then found among abattoir workers and dairy workers in Queensland, Australia. In 1938 a similar disease, later identified as “ Q ” fever, was found in a laboratory worker in the United States. It occurred among allied troops in the Mediterranean area during 1943-44. After the war it was found in various parts of the United States, mainly affecting slaughterhouse and cattle men.

“ Q ” fever was first discovered in Great Britain in 1949, but since there have been several cases, nearly all from the southern half of the country. It has been calculated that for every new case of “ Q ” fever showing signs and symptoms of a febrile illness, 35 new and completely symptomless cases have occurred in the area.

The disease is diagnosed only by laboratory tests for highly specific antibodies in the person's blood. Clinically, it is of sudden onset, high temperature, excessive perspiration, headache and a pneumonia with little or no cough. Up to 15 per cent of all pneumonias occurring in some districts are believed to be due to “ Q ” fever but they are not recognized as such unless the specific laboratory tests are carried out. However, the fatality rate is almost nil and recovery, although prolonged, is usually complete. Apparently healthy animals, particularly cattle and sheep, are frequently found to have the live virus *Rickettsia burnetti* in their blood. This is considered to be the reservoir of infection to man and may explain why male adults, particularly herdsmen and slaughtermen are prone to the disease. It has been difficult to determine the mode of transmission of the disease from animals to man. There have been many suggestions such as the inhalation of dried infected excreta of cattle tick which may contaminate hay or hides. This may explain why pneumonia is such a common feature of the disease. As milk from infected cows also frequently contains live virus, the possibility of transmission of the disease by milk cannot be disregarded.

Dr. A. D. Evans, of the Public Health Laboratory, Cardiff, carried out intensive investigations in 1956 to determine the incidence of the “ Q ” fever virus *Rickettsia burnetti* in dairy cattle and the occurrence of the specific serum antibodies in human blood donors in South Wales. He found that 4.4 per cent of the raw milk samples obtained from farms in and around Cardiff contained the live virus compared with 5 per cent of samples from the whole of South Wales. 38.2 per cent of the bulked raw milk and 5.5 per cent of the bulked pasteurised milk from South Wales was infected. It is obvious therefore, that much of the milk consumed in South Wales was infected with *Rickettsia burnetti*. Examination of blood from sheep in the Cardiff area showed that 4.4 per cent contained specific antibodies. Examination of blood from human donors in the Cardiff area also revealed the presence of the specific antibodies in 4.0 per cent of the donors which was indicative that about one in twenty-five of the adult population of Cardiff had been previously infected with the “ Q ” fever virus.

As far as is known the first Cardiff case of "Q" fever was taken ill on the 25th September, 1958. By the middle of October there were another 12 known cases. but the last known case was not taken ill until mid-November. During this period three cases were found outside Cardiff, one of which was at Newport and another at St. Mellons, barely outside the city boundary.

"Q" fever usually affects male adults and the Cardiff outbreak seemed to conform with this general rule. Twelve of the 14 cases were males and the youngest was aged 28.

Nearly all the known cases of "Q" fever had one common factor, namely that they travelled frequently along the Newport Road between the Power Station and Llanrumney. Seven lived near this main road, 3 worked regularly near it, 2 paid regular visits to relatives who lived near this road and another paid fleeting, weekly visits to a house in the area. Only one person, a middle aged person who kept a fish and chip shop near the main Cardiff/Newport railway line, had no apparent connection with the area. Of the 3 outside Cardiff cases, one lived near this area and another worked in it.

Cattle are regarded as the reservoir of infection and therefore the problem in this instance was how infection was transmitted from cattle to these people. Person to person infection was extremely unlikely as not any two of these 14 persons knew each other. They did not attend the same places of employment, entertainment, or religion and whilst some used public transport to reach the town centre the majority used their own cars or bicycles. None of these persons came in direct contact with farm animals although two in the course of their work did call at a few farmhouses. The others rarely or never went for walks in the country. Only 3 had dogs but these pets never went to where there were cattle.

Milk was considered to be a possible method of transmission of infection. However, although children are great milk drinkers all the known cases were adults. Of these, 10 disliked milk and the majority of these had a little in tea or coffee only, but none on cereals, puddings, etc. The source of the milk supply varied greatly from one case to another but one large firm of milk wholesalers/retailers supplied milk directly or indirectly to the homes of 6 of the cases. The others were supplied from a variety of sources. There had not been an interchange of supply of milk between wholesalers during this period so there cannot have been a common original source of milk supply. There was also a wide variety in the designation of the milk supplies, including raw TT milk, pasteurised and even sterilised milk. Lastly, had the milk supply been the source of infection it would have been expected that other members of the family, especially those who consumed milk in larger quantities, would have been infected. Blood tests revealed only one instance in which another member of the family had been infected.

The possibility of an insect vector of infection had to be considered. As it was a wet summer, mosquitoes and consequently mosquito bites were particularly common but only 4 of the 14 persons recalled having had mosquito bites.

The fact that these persons had pneumonia may be due to the fact that contaminated dust may have been the source of infection. Against this must be considered the fact that 1958 was a wet summer and anyway only those pneumonia patients had blood tests carried out. New cases who did not suffer from pneumonia (and there may have been several) would not have been subjected to blood tests and therefore not discovered.

The mode of transmission of the virus causing this outbreak of "Q" fever remains a mystery. Transmission was not due to direct person to person or animal to person contact, nor was it due to contaminated milk. Further investigations will be carried out next year in an attempt to solve this problem.

INVESTIGATION INTO THE POLIOMYELITIS RECORD OF THE CITY OF CARDIFF, 1937-1957

**GEOFFREY IRELAND, M.B., B.Ch., D.P.H.,
Assistant Medical Officer**

The original object of this investigation was to relate the incidence of poliomyelitis by age to social class, in an endeavour to show whether or not there is a recent tendency for adult cases to occur more often in the higher social classes.

It was found, however, that complete records of occupation of notified cases existed only from 1950, and further, these records did not always include the occupation of the head of the family.

In view of this it was decided to attempt an indirect approach by using the address of the notified case as an indication of affluence, thus relating, indirectly, incidence to high or low social class.

Procedure

Annual lists of cases notified in Cardiff were prepared and those living outside the City were deleted. Each list was divided by age into two groups, those up to but not including 15 years, and those over this age.

A graph was constructed from the annual lists of notifications. The graph shows the quarterly incidence of notifications in four age groups :—

0—4 ; 5—14 ; 15—24 ; 25 +

for the years 1937 to 1957 inclusive.

Cases occurring each year were next plotted on a large scale map of Cardiff to see if any particular area pattern was produced. Because of the relatively small number of notifications occurring each year, and bearing in mind the change in character of the disease which took place in 1947, all cases between 1937-46 and between 1947-57 were mass plotted, but no pattern was observed.

Next an attempt was made to divide the notifications into high and low social class.

By high social class was meant social classes I and II and by low social class was meant social classes III, IV and V.

The decision into which group a particular notification would be placed was decided by the address, which usually meant the area of residence or the type of house occupied (external appearances). Each address was personally assessed if the neighbourhood was unknown to the observer.

By severe selection it was hoped that at least all those considered as high social class would be by occupation from social classes I and II. It was realised, however, that this would probably exclude a number of notifications who, by occupation, should have been included.

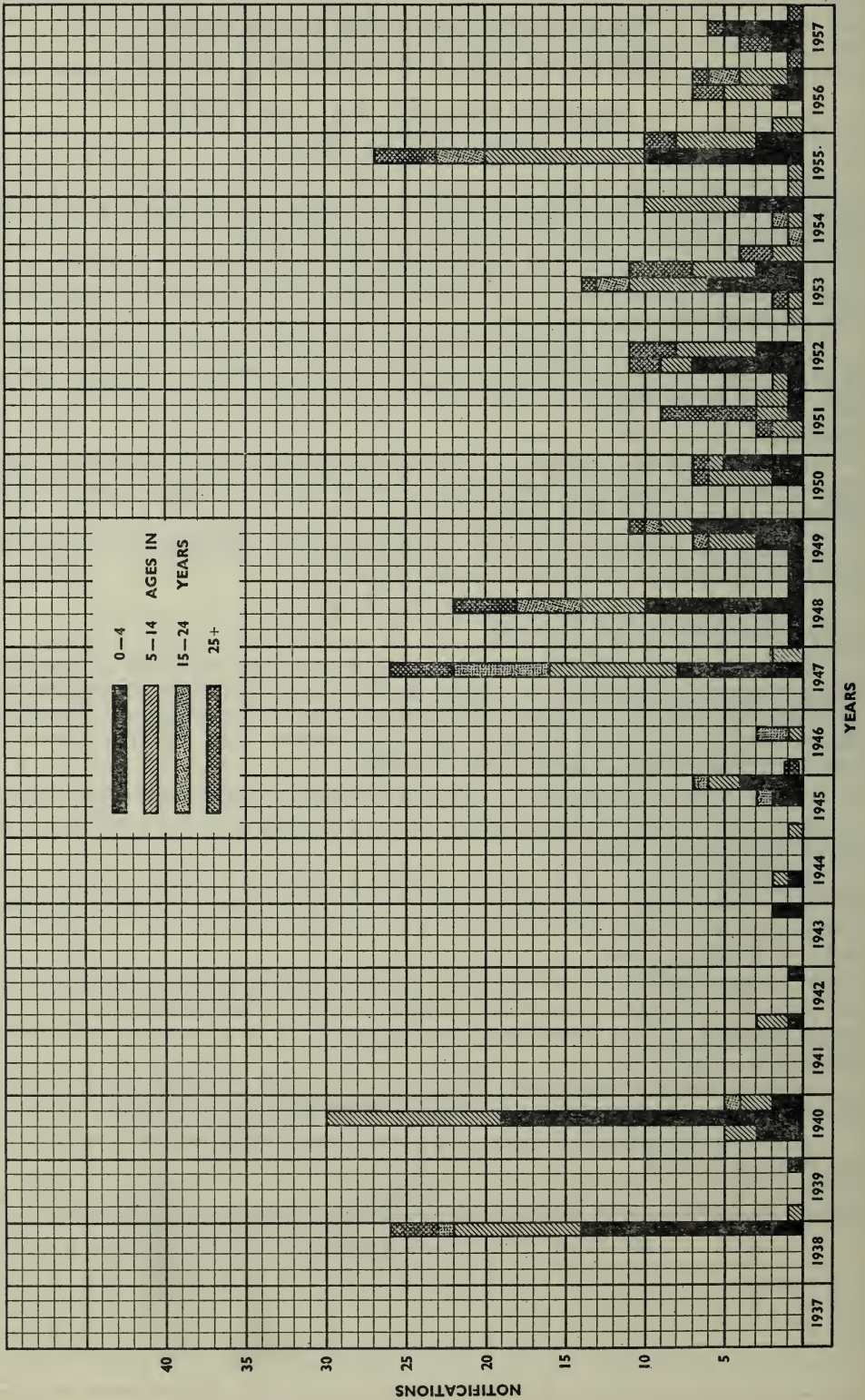
As the social class distribution obtained in the 1951 census had to be used, it was decided to take six years either side of 1951—thirteen years in all—1945 to 1957 inclusive.

Cases of poliomyelitis occurring each year between 1945 and 1957 resident in Cardiff are shown in Table I.

TABLE I

Age	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
0—14 years ..	7	1	18	17	17	12	8	19	20	13	30	10	7
15+ years	2	3	10	7	3	2	7	5	8	4	9	5	5
All ages	9	4	28	24	20	14	15	24	28	17	39	15	12

QUARTERLY INCIDENCE OF POLIOMYELITIS BY AGE IN THE CITY OF CARDIFF, 1937—1957



In those notifications where only a hospital address was given it was assumed, unless there was other contrary evidence, that they were non-resident in Cardiff.

The resident notifications were then sub-divided by personal assessment of the address into high or low social class (Highs=social classes I and II; Low=social classes III, IV and V) as shown in Table II.

TABLE II
Social Class distribution (by address) of resident notifications in Cardiff

Social Class	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	All years
HIGH														
0—14 years ..	1	—	5	5	4	1	1	2	—	1	7	4	0	31
15+ years ..	—	1	3	2	—	—	2	1	4	2	2	—	3	20
LOW														
0—14 years ..	6	1	13	12	13	11	7	17	20	12	23	6	7	148
15+ years ..	2	2	7	5	3	2	5	4	4	2	7	5	2	50
TOTAL ..	9	4	28	24	20	14	15	24	28	17	39	15	12	249

In 1951, the population of Cardiff was 243,632. Of these, 57,525 were in the 0—14 year age group inclusive and 186,107 over the age of 15 years. Figures for the social class distribution of 82,365 occupied and retired males in Cardiff are shown in Table III.

TABLE III

	SOCIAL CLASS				
	I	II	III	IV	V
Number	2,850	11,530	44,938	9,657	13,390
or proportion per 1,000 population	35	140	545	117	163

Assuming a similar distribution for all adults, then it can be estimated that of the 186,107 adults mentioned above, 32,569 constitute social classes I and II, and 153,538 constitute social classes III, IV and V.

If no difference exists between social classes, other than that of chance, and using 1951 as the average year, then—

as the population of social classes III, IV and V of 153,538 gives rise to “x” cases each year, then the population of social classes I and II of 32,569 gives rise to —

$$\frac{32,569x}{153,538} = 0.212 \text{ “x”}$$

Applying this factor to the adult cases occurring in each year in the low social class group, a series of figures is obtained which represents those cases which would be expected to occur in the high social class group if there were no difference, other than chance, between the social classes.

TABLE IV
 Notifications of Poliomyelitis over 15 years in high social class groups
 (Social Classes I and II)

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Actual ..	—	1	3	2	—	—	2	1	4	2	2	—	3
Expected	0·4	0·4	1·5	1·1	0·6	0·4	1·1	0·8	0·8	0·4	1·5	1·1	0·4

Dealing first of all with the actual figures :—

Mean value	=	1·54 notifications one year
Standard deviation	=	1·28
Standard error of mean	=	0·36
∴ average number of actual notifications	=	<u>1·54 ± 0·36</u> per year

Next, dealing with the expected figures :—

Mean value	=	0·81 notifications one year
Standard deviation	=	0·4
Standard error of mean	=	0·11
∴ average number of expected notifications	=	<u>0·81 ± 0·11</u> per year

Continuing with the assumption that no difference exists between the social classes ("null" hypothesis) the probability of getting, just by chance, a difference between the means at least as large as that observed can be calculated (bearing in mind that if the difference exceeds twice its standard error it is a real difference in 95 per cent of samples).

On calculation the difference between the means is 0·73 and the standard error of the difference is 0·371. The difference does not exceed twice the standard error.

Therefore, in conclusion, it can be said that the difference between the two groups, high and low social class, when the address of the notified case was used as an indication of social class, would probably be due to chance and it is not statistically significant.

Although the two groups are not dissimilar, no opinion can be expressed as to their similarity.

order to lessen the effect of personal bias. It was decided that mothers should be seen in their own homes, all other information relative to the pregnancy, labour, and the post-natal period, having been obtained beforehand. Circular letters were sent out to various branches of the health service in Cardiff, requesting their co-operation in the Survey. As a result doctors, midwives, health visitors and records office staff agreed to supply information in the form of notes or other relevant details. The Survey began at the end of November, 1955 and continued throughout 1956 so that data representing a little over a year of the city's experience was collected. Two hundred and twenty cases were submitted to close examination, together with the same number of controls. Stillbirths accounted for 129 of the cases whilst the remaining 91 cases were neonatal deaths. The sorting of information which had been collected was done with Copeland-Chatterson punch cards, which proved suitable for the numbers involved in the Survey.

The results of the Survey are discussed in the following sections :—

Section 1.—Social and Environmental Conditions

The cases and controls were found to be distributed over the social class scale in similar proportions. The neonatal death rate for Cardiff in 1956 was, however, found to be unduly high in social class 5.

Unsatisfactory housing conditions were found more often in the neonatal death group than in the stillbirth and control group, but lack of cleanliness played no significant part in any of the groups.

The percentage of survey mothers who were gainfully employed during pregnancy was 29·1 per cent. Gainful employment up to the sixth month of pregnancy had little or no effect on the outcome of the pregnancy, but after the sixth month work seemed to be associated with the production of neonatal deaths, possibly linked with prematurity.

Although the number of illegitimate births in the survey group was small, there was a significant difference between controls and case groups. Maternal intelligence alone did not appear to have played a direct part in the causation of perinatal deaths.

Family relationships appeared to be associated in some way with the neonatal death group, but the attitude of the mother to her pregnancy did not appear to have influenced the course of pregnancy.

Section 2.—Biological Effects

Such factors as maternal age, parity, nutrition, height and previous obstetric experience are discussed in this section. There was a significant increase in the number of stillbirths occurring in fifth and subsequent pregnancies compared with the control group.

Mothers aged 30 years and over in their first or fifth and subsequent pregnancy were found to be particularly liable to produce stillbirths or to lose the baby in the neonatal period. The risk of neonatal death as a result of prematurity, in younger mothers of high parity, was also noted.

In primiparous mothers whose height was 5 ft. or less, there was a significant rise in the incidence of stillbirths associated with abnormal labour. This observation supports the recommendation that women of small stature should be specially observed during pregnancy and labour. Survey mothers whose pregnancy terminated in stillbirths were more often found to have had previous miscarriages or stillbirths than the control mothers. This association was not noted in mothers of babies dying in the neonatal period.

In mothers who produced stillbirths there was a definite relationship between maternal age (30+), and poor nutritional state which was not seen in the neonatal or control groups.

Section 3.—Antenatal Care and Booking Arrangements

Quantitative antenatal care, expressed as the number of full antenatal examinations during pregnancy, was found to be inadequate in an average of 17 per cent of Survey cases and controls. Qualitative care, which is difficult to assess, could not be considered.

Fifty per cent of mothers in the neonatal and control groups received antenatal care from family doctors compared with 36 per cent in the stillbirth group. This difference is accounted for by the larger number of cases in the stillbirth group who were referred for consultant opinion.

The percentage of survey mothers who received local authority antenatal care in addition to other care was 44 per cent.

There was a significant increase in the number of mothers receiving inadequate antenatal care in the lower social class groups.

The incidence of threatened abortion was significantly higher in the neonatal death group and was strongly associated with prematurity of the infant. In relation to problems of booking, the following observations were made. It was noted that in each survey group only 50 per cent of mothers, irrespective of parity, booked their midwife or doctor and commenced routine antenatal care before the twelfth week of pregnancy. A large number of mothers of high parity were booked for home delivery and as these mothers are particularly prone to produce stillbirths or to give birth to babies dying in the neonatal period, the need for special observation during pregnancy seems to be indicated.

Section 4—Problems related to Delivery

In relation to problems of delivery of the baby, the high incidence of breech births in the survey case group was noted, whereas the forceps incidence was not significantly raised.

Premature breech births, particularly in multiple pregnancies, were often attended by obstetric risk.

Section 5.—The Infant and Paediatric Care

In this section certain important observations were made.

61·5 per cent of the neonatal deaths were premature compared with 53·4 per cent of stillbirths.

Congenital deformities occurred in 32 per cent of neonatal deaths, and 19 per cent of stillbirths. In the latter group, central nervous system defects predominated in contrast to the relatively large number of heart defects in the neonatal death group.

Infection occurred in 14 per cent of the control infants. The infections were not serious. Skin infections were more common in hospital infants than in those born at home and were often associated with penicillin resistant organisms.

45 per cent of neonatal deaths occurred within twenty-four hours of delivery and 81·3 per cent died during the first week of life.

The large number of premature neonatal deaths in the survey indicates that the paediatric problems related to neonatal mortality are concerned mainly with prematurity.

Section 6.—Classification of Cause of Death

For purposes of classification the cases were divided into three main groups :—

- A. First week neonatal deaths and stillbirths (perinatal deaths).
- B. Neonatal deaths in the second, third and fourth week after birth.
- C. Neonatal deaths and stillbirths associated with twin pregnancies.

Classification was made according to the condition which was thought to be the prime cause of death in each case. Each survey case therefore was placed in one of the following groups :—

- | | |
|---------------------------|---------------------|
| 1. Antepartum haemorrhage | 5. Toxaemia |
| 2. Congenital abnormality | 6. Maternal illness |
| 3. Birth injury | 7. Other cause |
| 4. Infection | 8. Unknown cause |

The main observations in each main group were as follows :—

A. Perinatal Deaths

The proportion of infants falling into each cause group were remarkably similar for stillbirths and neonatal deaths, when the groups as a whole, were considered. The exception was in the antepartum haemorrhage group, where there was a significant difference between the stillbirth and neonatal groups, both quantitatively and in the character of the bleeding. When the two groups were sub-divided, the macerated stillbirths were found more closely to resemble the premature neonatal deaths while the fresh stillbirths resembled the mature neonatal deaths in relation to cause of death. It seems more likely, from the findings of the survey, that a threatened abortion will result in a premature neonatal death or intrauterine death than in a fresh stillbirth or mature neonatal death.

Birth injury accounted for 23.5 per cent of perinatal deaths and in this sub-group 81 per cent of the births had been associated with complicated labour. **Delay in recognition of obstetric complications in some domiciliary cases was particularly evident in this group.**

Mothers in the age group 30 years and over, featured prominently in the perinatal death series especially in relation to toxæmia (75 per cent) and hypertension (80 per cent) and to a lesser extent, antepartum haemorrhage (45 per cent), and the unknown cause group (46 per cent).

B. Neonatal deaths occurring from 7 to 28 days after birth

The majority of these infants died from the effects of severe congenital deformity (60 per cent), particularly from heart defects. Prematurity and birth injury accounted for a further 20 per cent and the remaining 20 per cent was made up of babies dying of broncho-pneumonia and of one infant who was over-laid.

C. Neonatal deaths and stillbirths associated with twin pregnancies

Bad social and environmental conditions, with attendant bad antenatal care featured prominently in the twin foetal and infant deaths. The data confirmed that in the twin deliveries the second twin was more vulnerable than the first.

Post mortems were done in 79 per cent of the neonatal deaths and in 44 per cent of stillbirths. In the latter group, in the absence of intracranial haemorrhage or congenital abnormality, the most common finding was the characteristic picture of anoxia.

Conclusions and Discussions

Although the survey has produced little new which might help to reduce the stillbirth and neonatal mortality rates in Cardiff, it may perhaps help to focus attention on some of the salient points.

The risk of foetal loss to women aged 30 years and over in their first pregnancy is notable, as is also the risk of foetal loss to primigravid women of short stature when labour is complicated. It seems advisable that women in these two categories should be specially observed during pregnancy and labour.

Although the incidence of inadequate antenatal care in the survey groups is almost the same, it is in the lower social classes that the highest incidence occurs. These findings suggest the need for continued efforts in the health education of these mothers, particularly in the direction of attendance, early in pregnancy, at antenatal clinics.

The large number of high parity older women who feature prominently in the stillbirth and neonatal death series booked for home confinement, also suggests that efforts should be made to encourage these mothers to take advantage of the opportunities of specialist care and delivery in hospital.

The large number of premature neonatal deaths indicate that the paediatric problems of neonatal mortality are concerned mainly with prematurity.

PORT HEALTH SERVICE

REPORT FOR 1958 OF Mr. T. G. NEWBY, Chief Port Health Inspector

The Cardiff Port Health Authority was constituted by Provisional Order in 1882, becoming permanently constituted with extended limits of jurisdiction in 1894. The limits of the Port Health District extend from Sully Island to the Rhymney River, the Authority having jurisdiction over all waters, docks, harbours and vessels within the said limits.

The Port Health Authority is invested with all the functions, rights and liabilities of an Urban Sanitary Authority under certain sections of the Public Health Acts, so far as they are applicable to waters, vessels, persons, goods or things on, or landed from, any vessel within the said jurisdiction.

In accordance with the instructions of the Ministry of Health, Sections I, V, VI, VIII, XIV, XV and XVI of the report are not repeated in full.

SECTION I—STAFF**TABLE A**

Additional appointments to staff during the year 1958 :—

Douglas Harrett, B.A., M.B., B.Chir. (Cantab.), D.P.H.,
Appointed Assistant Medical Officer of Health,
City and Port, as from 1st July, 1958.

Geoffrey Ireland, B.Sc., M.B., B.Ch., D.P.H.,
Appointed Assistant Medical Officer of Health,
City and Port, as from 1st July, 1958.

SECTION II**AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR**

The number and tonnage of vessels entering the port (which includes Penarth) inspected by officers of the Port Health Authority during 1958 are set out below :—

TABLE B

Ships from	Number	Tonnage	Number Inspected by the		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			Medical Officer of Health	Port Health Inspector	
Foreign Ports ..	706	1,228,274	60	569	3
Coastwise ..	1,779	676,695	—	586	1
TOTAL ..	2,485	1,904,969	60	1,155	4

The following table shows the number of vessels entering the port which were dealt with by the department each month during 1958 :—

Month	From Foreign Ports	Coastwise	Total
January	59	160	219
February	56	138	194
March	63	129	192
April	64	137	201
May	61	144	205
June	76	179	255
July	56	144	200
August	47	127	174
September	52	157	209
October	43	180	223
November	70	140	210
December	59	144	203
TOTAL ..	706	1,779	2,485

The nationalities of the several types of vessels entering the port which were dealt with by the department during 1958 are shown in the following table :—

Nationality	Steam	Motor	Sailing	Total
American	5	—	—	5
Belgian	—	1	—	1
British	626	1,050	85	1,761
Costa Rican	9	—	—	9
Danish	9	21	—	30
Dutch	2	451	—	453
Finnish	2	3	—	5
French	4	6	—	10
German	4	38	—	42
Greek	3	2	—	5
Honduran	1	—	—	1
Indian	2	1	—	3
Irish	1	5	—	6
Israeli	—	1	—	1
Italian	2	1	—	3
Japanese	—	1	—	1
Lebanese	1	—	—	1
Liberian	8	5	—	13
Norwegian	11	24	—	35
Panamanian	6	—	—	6
Polish	3	2	—	5
Portuguese	2	1	—	3
Russian	6	1	—	7
Spanish	1	2	—	3
Swedish	35	39	—	74
Turkish	1	—	—	1
Yugoslav	1	—	—	1
TOTAL ..	745	1,655	85	2,485

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	{	Number of passengers INWARDS ..	209
		Number of passengers OUTWARDS ..	156
Cargo Traffic	{	IMPORTS—Iron ore, timber, pitwood, bones, grain, fruit and general.	
		EXPORTS—Coal, patent fuel, heavy iron and steel goods, and general merchandise.	

Principal Countries from which ships arrive—Brazil, Canada, Finland, France, Germany, Holland, India, Italy, Norway, North and West Africa, Portugal, Russia, Spain, Sweden and the United States of America.

SECTION IV

INLAND BARGE TRAFFIC

Numbers and Tonnage using the District and places served by the Traffic
NONE

SECTION V

WATER SUPPLY

NO CHANGE

Reports and tests for contamination.—During the year 5 samples of drinking water from ships were submitted to the Public Health Laboratory for bacteriological examination, the results being as follows :—

Satisfactory	..	5
Contaminated	..	—
		—
TOTAL	..	5
		—

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1952-1954

NO CHANGE

Cleansing and Disinfestation.—During the year twelve vessels were found to be infested with cockroaches and one vessel was found to be infested with bed-bugs, and notices were served upon the masters requiring them to take all necessary steps to eradicate the insects, the beds infested with bed-bugs being subsequently destroyed. Thirteen seamen discovered to be suffering from scabies were treated at the Seamen's Baths belonging to the Cardiff Corporation.

SECTION VII

SMALLPOX

Name of Isolation Hospital to which Smallpox cases are sent from the district.

From Cardiff City Isolation Hospital (renamed Lansdowne Hospital) to Penrhys Hospital, Pentre, Rhondda.

Arrangements for transport of such cases to that hospital by ambulance, giving the name of the Authority responsible for the ambulance and the vaccinal state of the ambulance crews.

Arrangements are made at the Lansdowne Hospital, the Cardiff City Council being responsible for the ambulance service.

Ambulance crews are vaccinated.

Names of Smallpox consultants available.

G. Emrys Harries, M.B., B.S., D.P.H.,
Medical Superintendent,
Lansdowne Hospital, Cardiff.

G. F. J. Thomas, M.R.C.S., L.R.C.P., D.P.H.,
Medical Superintendent,
St. David's Hospital, Cardiff.

Facilities for laboratory diagnosis of smallpox.

Facilities are provided by the Public Health Laboratory Service, Institute of Pathology, Cardiff Royal Infirmary.

SECTION VIII**VENEREAL DISEASE****NO CHANGE**

The Treatment Centre for the diagnosis and treatment of venereal disease for seamen is at the Royal Hamadryad General and Seamen's Hospital near the docks. The numbers of cases of venereal disease dealt with at the treatment centre during the year were as follows :—

Persons attending at the Centre for the First Time					Total Attendances
Year	Syphilis	Gonorrhoea	Non-Venereal and Other Conditions	Total	
1958	49	179	258	486	2,223

Two cases of venereal disease came to the knowledge of officers of the Authority during the year and were recommended for treatment at the centre.

SECTION IX**CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS**

The following table shows the number of cases of infectious disease that occurred on vessels which arrived at the port during the year :—

TABLE D

Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Influenzal-Pneumonia	—	1	1
	Pneumonia	—	1	1
	Pemphigus	—	1	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil	—	—	—
Cases landed from other ships	Influenza	—	1	1

The cases referred to in the foregoing table were dealt with as follows :—The two cases of Pneumonia were removed to the Royal Hamadryad General and Seamen's Hospital and the cases of Influenza and Pemphigus were treated on board.

SECTION X**OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS**

No cases of malaria were reported to have occurred on vessels which arrived at the port during the year.

SECTION XI**MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED OF PLAGUE**

No case, or suspected case, of plague was reported to have occurred on vessels which arrived at the port during the year. Vessels arriving from plague-infected or suspected areas are visited on arrival, or as soon afterwards as possible, by the Port Medical Officer

and Port Health Inspector on rota duty. All vessels arriving from these areas are thoroughly searched for rat evidence by the Authority's rodent operative, trapping is carried out and any rats caught or found dead are submitted to the Public Health Laboratory for bacteriological examination.

MEASURES OF RAT DESTRUCTION ON VESSELS FROM PLAGUE "INFECTED" OR "SUSPECTED" AREAS

Total number of such vessels arriving	Number of such vessels fumigated by HCN	Number of rats killed	Number of such vessels on which trapping, poisoning, etc. were employed	Number of rats killed	Number of such vessels on which measures of rat destruction were not carried out
49	—	—	27	—	22

SECTION XII

MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

Procedure for inspection of ships for rats.

Certificates of deratting or deratting exemption are checked for validity and enquiries made to members of crews as to whether rats have been seen or are known to be on board. Trapping is carried out on vessels where rat indications are found and, as a precautionary measure, instructions are given to place rat guards on mooring ropes. Masters of vessels producing invalid certificates, and on which vessels the rat population cannot be classed as negative, are instructed to have the vessels fumigated.

Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year.

A proportion of all rats trapped or found dead after fumigation is submitted to the Public Health Laboratory for examination for the detection of plague. No vessels were fumigated during the year, and no rats were caught by traps. Two vessels were deratted by sodium fluoroacetate and, as a result, three rats were found dead, two of which were submitted for examination for the detection of plague.

Arrangements in the district for deratting ships, the methods used, and, if done by a commercial contractor, the name of the contractor.

Deratting of ships by hydrogen cyanide is carried out in strict accordance with the Hydrogen Cyanide (Fumigation of Ships) Regulations, 1951, which became operative on the 1st February, 1952. Whenever deratting of a vessel is arranged the department is notified in advance by the contractor, and an officer of the Port Health Authority attends during the operation. Deratting is carried out by private contractors; the undermentioned operate in the district:—

The Associated Fumigators Limited, London
The Fumigation Services Ltd., Barking, Essex
Scientex Limited, Cardiff
Messrs. David Thomas and Son Ltd., Cardiff
The Western Scaling and Painting Co., Cardiff.
Disinfestation Limited, Cardiff.

Progress in the rat-proofing of ships

The incorporation of rat-proofing principles now observed in modern ship construction has had the desired effect of reducing rodent infestation to a minimum.

TABLE E
RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM
FOREIGN PORTS

Category	Number
Black rats	3
Brown rats	—
Species not known	—
Sent for examination	2
Infected with plague	—

TABLE F
DERATTING CERTIFICATES AND DERATTING EXEMPTION CERTIFICATES
ISSUED DURING THE YEAR FOR SHIPS FROM FOREIGN PORTS

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates issued 6	Total Certificates issued 7
After fumigation with		After trapping 3	After poisoning 4	Total 5		
HCN 1	Other fumigant (state method) 2					
—	—	—	—	—	126	126

The fees received by the Port Health Authority in respect of these certificates amounted to £355 19s. 0d.

The following table shows the numbers of deratting and deratting exemption certificates issued in each of the past ten years :—

Year	Deratting Certificates		Deratting Exemption Certificates		Total
	Number	Percentage	Number	Percentage	
1949	35	22	121	78	156
1950	20	15	113	85	133
1951	15	11	123	89	138
1952	12	8	138	92	150
1953	3	3	116	97	119
1954	7	6	119	94	126
1955	5	4	119	96	124
1956	3	2	120	98	123
1957	2	2	135	98	137
1958	—	—	126	100	126

The number of vessels deratted, the total number of dead rats found after deratting, and the average number of dead rats found per vessel during each of the years 1949–1958 are set out below :—

Year	Number of Vessels Deratted	Total Number of rats found dead after Deratting	Average Number of dead rats found per Vessel
1949	35	261	7.46
1950	20	75	3.75
1951	15	174	11.60
1952	12	63	5.25
1953	3	7	2.33
1954	7	50	7.14
1955	5	46	9.20
1956	3	35	11.67
1957	4	10	2.50
1958	*2	3	1.50

* Deratting Certificates were not issued in respect of these two vessels.

SECTION XIII

INSPECTION OF SHIPS FOR NUISANCES

TABLE G

INSPECTIONS AND NOTICES

Category of nuisance and number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	
Defects of Original Construction	—	—	—
Structural Defects through Wear and Tear ..	—	47	Ships on which defects were remedied 43
Dirt, Vermin and other Conditions prejudicial to health	—	20	Ships on which nuisances were remedied 20
TOTAL .. 1,155	—	67	63

The number of re-visits made to vessels in connection with health survey and the remedy of sanitary defects and nuisances totalled 3,753.

Defects and nuisances dealt with during 1958 were as follows :—

Defective skylights	3
„ steam heaters, stoves, stove-pipes, etc. ..	29
„ sanitary conveniences, flushes, etc. ..	44
„ side ports, deck-prisms, etc. ..	33
„ bulkheads	9
„ floors	24
„ doors	4
„ food-lockers	2
„ baths, wash-hand basins and waste pipes ..	55
„ drain pipes	4
„ hawse pipes	1
„ scuppers	14
Leaking decks	5
Verminous crew quarters	24
Dirty crew quarters	6
„ sanitary conveniences	3
„ fresh-water tanks	5
Storerooms infested with weevils	1
TOTAL ..	266

THE CLEAN AIR ACT, 1956**SECTION 20—APPLICATION TO VESSELS****The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958.**

Smoke Emissions.—The masters or persons in charge of vessels in the docks, emitting dark smoke, were advised of the above Regulations and warned to take appropriate action to reduce the emissions.

SECTION XIV**PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948**

NO CHANGE

SECTION XV**MEDICAL EXAMINATION OF ALIENS**

(Applicable only to Ports approved for the landing of Aliens)

List of Medical Inspectors of Aliens holding Warrants of Appointment.

NO CHANGE

List of other Staff engaged on this work

NO CHANGE

Organisation of work.

NO CHANGE

Accommodation for medical inspection and examination.

NO CHANGE

Nature and amount of aliens traffic.

Passenger traffic at the port is relatively small and casual. Twenty-one ships arrived during the year with 40 alien passengers on board and one of these was subjected to detailed medical examination.

SECTION XVI**MISCELLANEOUS**

NO CHANGE

The Dangerous Drugs Regulations, 1953, No. 499, Section 13 (2) (a).—No certificates were issued authorising the masters of foreign ships to purchase dangerous drugs.

Certificates of Health.—During the year no certificates in respect of the health of the port were issued to Shipping Companies.

THE PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, made under Section 23 of the Prevention of Damage by Pests Act, 1949, applying the provisions of the Act, with appropriate modifications to shipping, has been strictly enforced.

Under the provisions of the above Order, periodical inspection of coastal vessels, etc., is carried out by officers of the department, and 10 Rodent Control Certificates were issued to masters of vessels during the year. The fees received by the Port Health Authority in respect of these certificates amounted to £9 10s. 0d.

Diseases of Animals Acts, etc.—Seventy dogs and 77 cats were brought to the port on vessels. All the vessels were visited regularly during their stay in port to ensure that the requirements were observed.

FOOD INSPECTION

The principal food imports during the year were from Australia, New Zealand and Argentina, and consisted of beef, mutton, pork, lamb, offal, butter, cheese and fresh and dried fruits. From Canada and the United States of America, wheat, flour, cereals, lard, canned fish, canned meats and fruit were imported, and from European countries, fresh fruits and canned vegetables. In addition to these direct imports, large quantities of foodstuffs, transhipped at other ports in the British Isles, arrived by coastwise traffic.

Examination of imported food is carried out by the food inspectors in the dockside warehouses and occasionally on board ship. If the food examined is found to be in good condition, the whole consignment is released for distribution, but if found to be diseased or unsound, the whole consignment is detained until a complete examination is carried out. Diseased and unsound articles of food are disposed of under the supervision of the food inspectors. When necessary, samples of foodstuffs are submitted for bacteriological examination.

Examination of imported meat is carried out in the transit sheds on the dock sides and in the local cold stores. The glandular examination of mutton and lamb carcasses weighing over 42 lb. was continued but no cases of caseous lymphadenitis were found.

Imported Foodstuffs.—The quantities of various kinds of foodstuffs imported during the year are shown in the following table:—

<i>Description</i>	<i>Quantity</i>	<i>Description</i>	<i>Quantity</i>
Bacon (Bales)	25,075	Fruit, Dried (Cases)	22,932
Bacon (Cases)	2	Fruit, Fresh (Barrels)	9,330
Bacon (Tons)	546	Fruit, Fresh (Boxes)	39,824
Barley (Tons)	4,372	Fruit, Fresh (Cartons)	1,225
Beer, Canned (Cartons)	50	Fruit, Fresh (Cases)	231,154
Butter (Boxes)	101,087	Fruit, Fresh (Trays)	51
Butter (Cartons)	471,237	Fruit Conserves, Canned (Cartons)	200
Butter (Cases)	35,538	Fruit Juice (Barrels)	91
Butter (Casks)	239	Fruit Juice, Canned (Cartons)	206
Butter (Tons)	290	Fruit Kernels (Bags)	80
Capers, Canned (Cases)	3	Fruit Pulp (Casks)	44
Caraway Seeds (Bags)	5	Fruit Pulp, Canned (Cases)	2,216
Casein (Bags)	400	Garlic (Cases)	20
Cauliflower, Pickled (Casks)	148	Groundnut Kernels (Bags)	313
Cheese (Boxes)	60	Honey (Drums)	374
Cheese (Cartons)	3,830	Jam, Canned (Cartons)	1,883
Cheese (Cases)	313	Lard (Cartons)	102,624
Cheese (Crates)	43,028	Lard (Cases)	6,953
Cheese (Singles)	32	Lemon Peel, Dried (Bags)	684
Cheesespread (Cartons)	115	Liquid Eggs (Tins)	7,000
Cherry Brandy (Cases)	1,210	Macaroni (Cases)	5,203
Chicken, Canned (Cartons)	1,938	Maize (Tons)	4,700
Cockles, Canned (Cases)	3	Maize Starch (Bags)	320
Cockles, Salted (Baskets)	240	Margarine (Cartons)	10
Cocktails, Canned (Cartons)	25	Marmalade, Canned (Cartons)	10
Cocoa Butter (Bags)	350	Meat, Canned (Cartons)	114,101
Cocoa Butter (Cases)	50	Meat, Canned (Cases)	27,043
Coffee (Bags)	40	Meat, Canned (Tons)	192
Coffee (Cartons)	200	Milk, Canned (Cartons)	2,428
Coffee Beans (Bags)	70	Milk Powder (Bags)	21,370
Confectionery (Cases)	4	Mushrooms, Canned (Cartons)	20
Corn (Tons)	1,500	Mussels, Canned (Cartons)	10
Dry Apple Pomace (Bags)	4,900	Nuts (Bags)	4,900
Eggs (Tons)	89	Olive Oil (Drums)	5
Egg Pulp, Canned (Cartons)	19,905	Olive Oil, Canned (Cases)	52
Farina (Bags)	120	Peppers, Pickled (Cases)	50
Farinoca (Bags)	100	Pork Loins, Frozen (Cases)	29
Fish, Canned (Cartons)	1,467	Potatoes (Bags)	502,673
Fish Canned (Cases)	17,974	Potatoes (Boxes)	4,882
Flour (Bags)	76,130	Potatoes (Cases)	2,077
Fruit, Canned (Cartons)	11,935	Potatoes (Baskets)	5,558
Fruit, Canned (Cases)	48,458	Potato Flour (Bags)	10
Fruit, Dried (Cartons)	800	Rabbits (Cases)	1,254

<i>Description</i>	<i>Quantity</i>	<i>Description</i>	<i>Quantity</i>
Rice (Bags)	965	Turkey, Canned (Cartons)	25
Rusks (Boxes)	2,700	Vegetables, Canned (Cartons)	45,796
Salami (Cartons)	125	Vegetables, Canned (Cases)	82,744
Sauerkraut, Canned (Cartons)	145	Vegetables, Canned (Tins)	120
Sausage, Canned (Cartons)	1,115	Vegetables, Dried (Bags)	9,540
Soft Roes, Canned (Cartons)	45	Vegetables, Fresh (Bags)	19,369
Soup, Canned (Cartons)	10	Vegetables, Fresh (Cases)	13,565
Spaghetti, Canned (Cartons)	50	Vegetables, Pickled (Casks)	163
Syrup, Canned (Cases)	2	Vegetables, Pickled (Tins)	380
Tomato Concentrates, Canned (Cartons)	158	Vegetables, Pickled, Canned (Cartons)	40
Tomato Juice, Canned (Cartons)	2,350	Vegetable Preserves, Canned (Case) ..	1
Tomato Juice, Canned (Cases)	680	Walnuts (Bags)	440
Tomato Paste, Canned (Cases)	738	Walnuts, Pickled (Casks)	5
Tomato Puree, Canned (Cartons)	375	Wheat (Tons)	97,149
Tomato Puree, Canned (Cases)	50	Wine (Barrels)	271
Tomato Sauce, Canned (Cartons)	1,270	Wine (Cases)	25
Tomato Sauce, Canned (Cases)	70		

Oversea Meat.—In addition to the foodstuffs already referred to, sixteen vessels arrived with the following quantities of oversea meat :—

<i>Description</i>	<i>Quantity</i>	<i>Description</i>	<i>Quantity</i>
Carcases of lamb	491,093	Ox cheeks (Cartons)	27
Carcases of mutton	35,617	Ox cheeks (Bags)	27
Carcases of ewe	1,520	Ox tails (Cartons)	122
Fores of Beef	66,109	Ox tails (Bags)	832
Hinds of beef	18,432	Ox skirts (Cartons)	50
Quarters of boneless beef	450	Ox skirts (Bags)	598
Boneless beef (Bags)	318	Ox tongues (Bags)	354
Boneless beef (Cartons)	324	Pork livers (Cartons)	25
Beef fillets	2,734	Pork kidneys (Cartons)	14
Beef ribs and ponies (Bags)	2,110	Pork tongues (Cartons)	3
Beef rumps and loins (Bags)	714	Sheep hearts (Cartons)	355
Sides of pork	5,569	Sheep kidneys (Cartons)	100
Boned ox shins (Cartons)	50	Sweetbreads (Cases)	392
Lamb hearts (Cartons)	694	Offal (Cartons)	1,204
Lamb livers (Cartons)	3,089	Offal (Bags)	23,346
Lamb brains (Cartons)	112	Sundries (Cartons)	615
Mutton hearts (Cartons)	11	Sundries (Bags)	4,558
Ox hearts (Cartons)	190		

The quantities of various kinds of foodstuffs withheld from human consumption during the year are shown below :—

	Tons	cwts.	lb.
Bacon, Sliced	—	7	48
Calavanches	—	—	22
Cereals	—	12	29
Chicken (Jars)	—	—	9½
Coffee	—	—	78
Duck, Frozen	—	1	11
Fish, Canned	—	—	7¾
Fish, Frozen	—	3	106
Fish, Smoked	—	—	70
Flour	3	16	98
Fruit, Canned	—	13	32½
Fruit, Dried	—	5	15
Lard	—	1	60½
Lard, Canned	—	—	2
Lobster Tails, Frozen	—	—	30
Marmalade, Canned	—	—	38
Meat, Canned	—	5	51¾
Meat, Fresh	—	—	30
Meat, Frozen	11	18	32
Meat, Pickled	—	1	58
Milk, Canned	—	3	65¾
Mustard	—	—	1¾

	Tons	cwts.	lbs.
Oatmeal	—	—	84
Offal	—	1	17
Pepper	—	—	6
Rabbits	—	—	31
Rice	—	6	104
Salad Cream (Bottled)	—	—	21
Sausages	—	—	50
Sausage, Canned	—	—	49
Semolina	—	—	6
Spaghetti, Canned	—	—	1½
Stew, Canned	—	—	2
Tapioca	—	—	20
Tomato Concentrates, Canned	—	—	10
Tomato Paste, Canned	—	—	75
Tomato Puree, Canned	—	—	95½
Vegetables, Canned	3	3	24
Vegetables, Dried	—	3	60
Vegetables, Fresh	—	—	60
Vegetables, Pickled	—	—	76½
Vermicelli	—	—	24
Wheat	4	12	82
TOTAL	27	6	2½

The Public Health (Imported Food) Regulations, 1937-1948, the Public Health (Preservatives, etc., in Food) Regulations, 1925-1958, and the Food and Drugs Act, 1938 (Section 39).—Eleven samples of imported food were submitted to the Public Analyst for analysis. The nature, country of origin, and the number of samples are shown in the following table :—

Description	Country of Origin	Number of Samples
Apples	Nova Scotia	1
Oranges	Palestine	8
Tomatoes, Canned	Spain	1
Tomato Paste, Canned	Italy	1

Each of the samples was reported to be genuine or to contain preservatives within the limits prescribed in the Public Health (Preservatives, etc., in Food) Regulations.

Bacteriological Examinations.—Eighteen samples of imported food were submitted to the Public Health Laboratory Service for bacteriological examination as follows :—

Description	Country of Origin	Number of Samples
Lamb Kidney	New Zealand	1
Lamb Liver	Argentina	1
Liquid Egg	Australia	4
Beef, Frozen	New Zealand	2
Boneless Beef, Frozen	Australia	1
Ox Kidney	Argentina	1
Ox Liver	New Zealand	1
Ox Tongue, Canned	Holland	1
Pork, Frozen	Argentina	2
Beef, Frozen	Argentina	4

The results of the examination showed each of the samples to be genuine.

The Public Health (Imported Milk) Regulations, 1926. No fresh milk was imported during the year.

CITY OF CARDIFF EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

1958

I—STAFF**Principal School Medical Officer**

W. Powell Phillips, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer

Cecil W. Anderson, M.B., CH.B., D.P.H., T.D.D.

Senior School Medical Officers

Nancy K. Gibbs, M.R.C.S., L.R.C.P., D.P.H.

Arlwyn H. Griffith, M.B., B.S., D.P.H.

School Medical Officers

Jean W. Smellie, M.B., CH.B., D.P.H.

G. Edward Phillips, M.R.C.S., L.R.C.P., D.P.H.

N. Frank, M.B., CH.B., D.T.M., D.P.H.

Anne Guy, B.Sc., M.B., B.CH., D.P.H., D.C.H.

Enid Curran, M.B., B.CH., D.C.H.

Douglas Harrett, M.B., B.CH., D.P.H. (1. 7.58).

Geoffrey Ireland, M.B., B.CH., D.P.H. (4.11.58).

School Medical Officers (Part-time)

Joyce Grant, M.R.C.S., L.R.C.P.

Edith M. Davies, M.B., B.CH., D.P.H.

Olwen J. Cummin, M.B., CH.B.

Donald C. Dymond, B.Sc., M.B., B.CH., D. (Obst.) R.C.O.G. (1.10.58).

Peter Lavis, M.B., CH.B. (1.10.58).

Donald J. W. Anderson, M.B., B.CH. (1.11.58).

John T. Jones, M.B., B.CH. (Resigned 9.8.58).

Frances Marie Richards, B.Sc., M.B., B.CH., D.R.C.O.G., D.C.H.

(Joint appointment with Welsh National School of Medicine)

N.B.—All school medical officers undertake duties for the Local Health Authority and the Education Committee. The time devoted by them to the School Health Service is equivalent to six and a half whole-time medical officers.

Visiting Specialist Medical Officers

(Under arrangements made with the Welsh Regional Hospital Board)

Rupert Parry, M.D., B.S., F.R.C.S., Ophthalmic Surgeon

Hector A. Thomas, F.R.C.S., Aural Surgeon

Professor A. G. Watkins, M.D., F.R.C.P., Professor of Child Health

School Dental Service

Principal School Dental Officer.—H. V. Newcombe, L.D.S.

School Dental Officers

D. W. Elliot, L.D.S.
 C. N. Howitt, L.D.S.
 J. W. Lewis, L.D.S.
 J. McFarlane, L.D.S., L.R.C.P. & S., F.D.S. (HON.)
 D. J. Andrews, L.D.S.
 A. Jeffries (half-time)
 T. Bassett-James, L.D.S. (part-time)
 Miss E. M. Merrifield (half-time)
 D. J. Harries, M.A., B.D.S. (part-time).

(All dental officers also undertake services for expectant and nursing mothers and young children. The time devoted to the School Dental Service is equivalent to 6.5 whole-time dental officers).

Orthodontist

Anthony S. Lewis, B.D.S.

Eight Dental Clerk/Attendants

(Time devoted to School Dental Service is equivalent to 6.1 dental clerk/attendants)

Nursing Staff

Superintendent Health Visitor.—Miss N. M. Osmond, S.R.N., S.C.M., H.V.CERT.

(One-third time devoted to School Health Service)

Deputy Superintendent Health Visitor.—Miss M. J. Price, S.R.N., S.C.M., H.V.CERT.

(One-sixth time devoted to School Health Service)

Fifty-two Health Visitors.—Time devoted to School Nursing duties equivalent to 12½ nurses.

Two State Registered Nurses.—(One for duty at Spastic Unit)

Four Clinic Helpers.—Time devoted to School Health Service is equivalent to 2 clinic helpers.

Speech Therapy

Head Speech Therapist.—Miss B. M. R. Morris, L.C.S.T.

Speech Therapists.—Mrs. Margaret I. Grenville (part-time), Mrs. T. G. Meade (part-time), Miss C. Jennifer Simons, Mrs. M. Clark (commenced May, 1958), Miss C. Lewis (resigned end of July, 1958), Miss E. Lloyd (commenced September, 1958).

Orthoptic Clinic

Orthoptists.—Miss Joyce Pinnick, Central Clinic.

Miss J. McClement, Canton Clinic (resigned 31.5.58).

Miss Jennifer Burston (commenced 1.9.58).

(85% of time of Clinic is devoted to schoolchildren).

Physiotherapist.—Miss M. G. Jones, M.C.S.P. (resigned 2.4.58), Mrs. E. L. Roberts M.C.S.P. (commenced 22.9.58), Mrs. Barbara M. Owen, M.C.S.P. (resigned 6.9.58).

Child Guidance Clinic

Psychiatrist.—Dr. Gaynor Lacey, M.B., B.S., D.P.M.

Psychologist.—Robert Robertson, M.A., B.ED.

Psychiatric Social Worker.—Miss Frances Meredith (resigned 14.4.58—Illhealth).

Mrs. M. R. Thomas, B.A. (commenced September, 1958).

Secretary.—Miss C. J. Sergeant.

Peripatetic Teacher of the Deaf

Mrs. M. E. Aanensen, B.A.

Administration

Principal Administrative Assistant.—A. E. Brain (Part-time)

Administrative Officer.—P. H. Williams, F.C.C.S. (Part-time).

Administrative Assistants.—A. K. Jenkins (Full-time).

Ronald Liddiard, D.M.A. (Part-time).

Clerical Assistants.—14.

II—MEDICAL INSPECTION

The average numbers of schoolchildren and the average attendance for the year ended March, 1958, were as follows :—

	Average Number on Registers	Average Attendance
Grammar Schools	5,404	5,068
Secondary Modern Schools ..	7,979	7,056
Other Secondary Schools ..	460	427
Primary and All Age Schools ..	27,061	24,555
Special Schools	320	260
Severn Road Nursery School ..	100	78
TOTAL ..	41,324	37,444

The numbers of schoolchildren inspected at periodic medical inspections at schools during 1958 were as follows :—

AGE GROUP (by year of birth)	Boys	Girls	Total
1954 and later	208	171	379
1953	55	63	118
1952	531	513	1,044
1951	165	148	313
1950	12	6	18
1949	13	14	27
1948	15	15	30
1947	2,060	2,024	4,084
1946	62	63	125
1945	20	13	33
1944	1,010	1,053	2,063
1943 and earlier	677	308	985
TOTAL	4,828	4,391	9,219

The number of schoolchildren specially inspected and the number of re-inspections undertaken were as follows :—

	Boys	Girls	Total
Special Inspections { At School	194	37	231
{ At School Clinic	1,323	1,289	2,612
TOTAL	1,517	1,326	2,843
Re-inspections { At School	249	261	510
{ At School Clinic	641	737	1,378
TOTAL	890	998	1,888

III—FINDINGS OF MEDICAL INSPECTION

The following table shows the number of individual children found at periodic medical inspection to require treatment (excluding defects of nutrition, uncleanness and dental disease) :—

AGE GROUPS INSPECTED (by year of birth)	Found to require treatment for		Total Individual Pupils	Percentage
	Defective Vision	Other Conditions		
1954 and later	4	19	23	6.0
1953	5	25	28	23.7
1952	44	175	204	19.5
1951	18	61	74	23.6
1950	—	1	1	5.6
1949	—	1	1	3.7
1948	1	1	2	6.7
1947	343	496	792	19.4
1946	2	7	9	7.2
1945	2	5	7	21.2
1944	162	170	328	15.9
1943 and earlier	49	37	74	7.5
TOTAL	630	998	1,553	16.8

The percentages of children found to require treatment showed a decrease in many age-groups. Defective vision, squint and other eye defects formed a third of the total defects requiring treatment.

The defects found by the medical inspection of 9,129 children at the periodic medical inspections were as follows :—

Code No.	DISEASE OR DEFECT	PERIODIC INSPECTIONS					
		ENTRANTS		LEAVERS		TOTAL —ALL GROUPS	
		Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion
4	SKIN :—						
	Ringworm—Scalp ..	—	—	—	—	—	—
	Body ..	—	—	—	—	—	—
	Scabies	—	—	—	—	—	—
	Impetigo	—	—	—	—	—	—
	Other	10	29	29	53	103	144
5	EYES :—						
	Vision	55	124	215	194	609	613
	Squint	15	27	4	31	38	101
	Other	2	8	7	21	23	58
6	EARS :—						
	Hearing	10	16	15	10	54	67
	Otitis Media	14	17	12	20	50	72
	Other	5	4	—	5	18	26
7	NOSE OR THROAT	78	100	26	37	200	362
8	SPEECH	16	21	3	11	49	76
9	LYMPHATIC GLANDS	14	46	—	12	25	141
10	HEART & CIRCULATION	11	22	7	25	27	110
11	LUNGS	22	53	5	40	50	197
12	DEVELOPMENTAL :—						
	Hernia	4	2	2	6	10	16
	Other	2	31	8	22	54	130
13	ORTHOPAEDIC :—						
	Posture	6	22	8	29	37	161
	Flat Foot	37	55	29	56	123	205
	Other	17	77	38	65	151	339
14	NERVOUS SYSTEM :—						
	Epilepsy	2	2	—	6	6	23
	Other	10	8	3	8	20	41
15	PSYCHOLOGICAL :—						
	Development	1	6	—	6	5	29
	Stability	6	8	1	3	16	49
16	ABDOMEN	5	—	—	—	8	6
17	OTHER DEFECTS & DISEASES	34	13	16	1	81	43

The defects found by the medical inspection of 4,731 children at special inspections and re-inspections were as follows :—

Defect Code No. (1)	DEFECT OR DISEASE (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	SKIN :—		
	Ringworm—Scalp ..	—	—
	Body ..	—	—
	Scabies	—	—
	Impetigo	—	—
	Other	177	13
5	EYES :—		
	(a) Vision	58	18
	(b) Squint	1	2
	(c) Other	10	10
6	EARS :—		
	(a) Hearing	14	6
	(b) Otitis Media	3	3
	(c) Other	16	3
7	NOSE AND THROAT	238	98
8	SPEECH	15	9
9	LYMPHATIC GLANDS	10	19
10	HEART	1	12
11	LUNGS	17	65
12	DEVELOPMENTAL :—		
	(a) Hernia	9	15
	(b) Other	6	19
13	ORTHOPAEDIC :—		
	(a) Posture	11	20
	(b) Feet	39	42
	(c) Other	58	36
14	NERVOUS SYSTEM :—		
	(a) Epilepsy	4	5
	(b) Other	43	14
15	PSYCHOLOGICAL :—		
	(a) Development	8	17
	(b) Stability	10	9
16	ABDOMEN	8	9
17	OTHER	170	279

Physical Condition.—The following is a classification of the general condition of children medically inspected :—

AGE GROUPS (By year of birth)	Number of Children Inspected	SATISFACTORY		UNSATISFACTORY	
		Number	Per-centage	Number	Per-centage
1954 and later	379	357	94.2	22	5.8
1953	118	118	100.0	—	—
1952	1,044	1,030	98.7	14	1.3
1951	313	310	99.0	3	1.0
1950	18	18	100.0	—	—
1949	27	27	100.0	—	—
1948	30	30	100.0	—	—
1947	4,084	4,051	99.2	33	0.8
1946	125	124	99.2	1	0.8
1945	33	33	100.0	—	—
1944	2,063	2,055	99.6	8	0.4
1943 and earlier	985	980	99.5	5	0.5
TOTAL	9,219	9,133	99.1	86	0.9

IV—" FOLLOWING-UP " AND THE WORK OF HEALTH VISITORS

A summary of the work of the health visitors in connection with home visiting is given in the following table :—

Visits for	Total
Defects of vision	813
Defects of teeth	147
Defects of ear, nose and throat ..	382
Other defects and diseases ..	1,277
Scabies	28
Nursery School Pupils ..	550
TOTAL ..	3,197

The following is a summary of work done by the visitors in connection with uncleanliness during the year :—

Number of :—

Special visits to schools	983
Examinations of children for uncleanliness	100,286
Children found with vermin and/or nits	3,091
Children found to be free from vermin and nits on re-examination	1,366
Children for whom cleansing notices issued	2,794
Children for whom cleansing orders issued	172

Health Visitors paid 856 routine and 436 special visits to schools to inspect and follow up children reported to require treatment.

Health Visitors Survey of the Intermediate Group.—In addition to periodic medical inspection, pupils in primary schools are inspected at the age of eight years by Health Visitors. The number of pupils inspected and re-inspected by Nurses during the year was 1,887 (931 boys and 956 girls), 437 of these children were found to have defects requiring treatment of which 279 were vision, and 176 other defects, 32 pupils were reported to be infected and 29 were bodily unclean.

The physical condition of the pupils inspected was classified as follows :—

	<i>Number</i>	<i>Percentage</i>
Satisfactory ..	1,870	99.1
Unsatisfactory ..	17	0.9

Silver Jubilee Camp School, Porthcawl.—Each child is inspected by a Health Visitor before travelling to the Camp, mainly to reduce the risk of infection and the spread of verminous conditions, but also to prevent any child attending who may have become unfit since selection. 82 visits were paid to schools during the year to undertake such inspections.

V—TREATMENT

Particulars of the treatment of minor ailments, defective vision and squint, external eye diseases, defects of ear, nose and throat, of orthopaedic and postural defects, dental defects, etc., are given in the following tables :—

(a) *Minor Ailments*

DISEASE OR DEFECT	Number of Defects treated or under treatment during the year under the Authority's Scheme	Total number of attendances at Clinics
SKIN :—		
Ringworm—Scalp	4	
Body	7	
Scabies	87	
Impetigo	151	
Other Skin Diseases	228	
MINOR EYE DEFECTS	101	
MINOR EAR DEFECTS	189	
MISCELLANEOUS (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	972	
TOTAL	1,739	5,330

(b) *Defective Vision and Squint*

Particulars of the work of the Ophthalmic Clinics during the year are given below :—

Number of children examined	..	5,706
Errors of Refraction	..	3,718
† Spectacles prescribed	..	3,002
Other defects or diseases treated	..	140
Referred to Orthoptic Clinic	..	312
Attendances at Clinics	..	10,815

† There was no change in the prescription in 593 refractions.

Spectacles are supplied through the Supplementary Ophthalmic Service of the National Health Service. The total number of spectacles provided by this Service for school children during the year was 3,632.

Ophthalmic Operations.—Fifteen operations were performed during the year by the Ophthalmic Surgeon and no further cases were on the waiting list at the 31st December. Orthoptic operations are reported in the statistical table for the Orthoptic Clinic.

The Orthoptic Clinics

The work of the Clinic has continued on the same scale as in previous years, except that the Canton Clinic had to be suspended for a period of three months pending the appointment of a new Orthoptist.

The waiting list for treatment has not been lengthy as a substantial improvement was registered on the transfer of Glamorgan cases to the new Orthoptic Clinic which was opened at the Ely Children's E.N.T. Hospital in the latter part of 1957. A considerable amount of work had been undertaken previously with such cases and their transfer to the new Clinic allowed for the Clinics to be used wholly for Cardiff children.

It is also pleasing to record that there is no considerable waiting list for operations and arrangements can be made within about a month for such operations to be performed, either at the Ely Children's E.N.T. Hospital or at Llandough Hospital. The improvement in this respect is really due to the fact that fewer children require second and third operations than in the past, when there was a considerable delay in providing treatment. The number of patients requiring operation has, however, not diminished. The statistics showing the work of the two Orthoptists and the results gained during the year are appended.

New patients accepted for treatment 308

Patients discharged—

With Single Binocular vision (49 without operation)	51
Cosmetically straight (9 without operation)	29
Improved (11 without operation)	24
	<hr/> 104

No improvement	2
No co-operation	2
Refused treatment (occlusion, operation, etc.)	7
Failed to attend for treatment	60
Left Cardiff	2
Intractable Amblyopia	11
No need for treatment	3
Referred to Cardiff Royal Infirmary	2
	<hr/> 89

TOTAL DISCHARGED	193
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Patients under treatment at end of 1958 :—

Regular weekly or bi-weekly treatment	45
Having monthly occlusion	118
Under supervision awaiting operation	15
Reporting two to six monthly until old enough for treatment	43
Under supervision between courses of treatment	619

TOTAL	840
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Operations performed (Llandough Hospital—48)

(Children's E.N.T. Hospital—60)	108
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Number on waiting list for operations	40
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Number of attendances	4,762
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(c) *Defects of Ear, Nose and Throat*

	EAR	NOSE AND THROAT	
		Tonsils and Adenoids	Other Defects
Received Operative Treatment ..	40	1,124	28
Received Treatment in Hospital ..	40		
Received other forms of treatment	221	193	
Total number of children examined	435	1,884	
Attendances at Clinics ..	717	2,980	

Waiting list for Operative Treatment at 31st December, 1958

Tonsils and Adenoids—Urgent	..	56	
Ordinary	..	181	
		<hr/>	237
Other ear, nose and throat conditions	..	..	13
		<hr/>	
TOTAL	..		250
			<hr/>

(d) Orthopaedic and Postural Defects

Children requiring treatment for Orthopaedic and postural defects are referred to the Orthopaedic Clinic which is now maintained by the Cardiff Hospital Management Committee at specially adapted premises in an annexe to the Children's E.N.T. Hospital at Ely.

Details of the treatment provided were included in previous reports when this Clinic was part of the administration of the School Health Service. It can be reported, however, that 1,160 pupils were examined and treated at the Clinic during the year.

(e) Heart Disease and Rheumatism

The following is a record of the supervisory work carried out during the year at the Rheumatism Clinics :—

Cases remaining under supervision at beginning of year		284
New cases attending	.. .. .	36
Cases discharged from supervision on leaving school	..	65
Other cases who ceased to be supervised :—		
Left Cardiff	.. .. .	8
Died	.. .. .	—
Discharged not suffering from Rheumatism	..	27
Transferred to Private Practitioners and to other clinics		15
Ceased to attend	.. .. .	50
Cases remaining under supervision at end of the year	..	154
Total attendances at routine Rheumatism Clinics	..	372
Routine Clinic Sessions	.. .. .	44
Average attendance at routine clinic sessions	.. .. .	8.5
Average number of new cases at routine clinic sessions	..	0.8

The following table shows the condition of the heart in the 65 cases that ceased to remain under supervision on leaving school :—

		<i>On Ascertainment</i>	<i>On Discharge</i>
Normal	.. .. .	30	37
Minor Heart Manifestations	.. .. .	25	21
Major Heart Manifestations	.. .. .	10	7

The types of heart diseases present in the 7 cases having major heart manifestations on discharge were as follows :—

Mitral Incompetence	..	3
Congenital Septal Defect	..	4

Treatment of this disease in hospital is still provided at Lord Pontypridd Hospital (Dulwich House) through arrangements with the United Cardiff Hospitals. A close link is maintained with the School Health Service as the Deputy Principal School Medical Officer continues to act as Medical Superintendent and Professor A. G. Watkins of the Department of Child Health holds a Rheumatism Clinic for schoolchildren at the Cardiff Royal Infirmary.

(f) *Radiography*

The children referred for radiography were X-rayed at the Orthopaedic Clinic which is now administered by the Cardiff Hospital Management Committee.

(g) *Special Clinic for girls at Puberty*

Dr. E. M. Davies has undertaken special clinics for girls sent to her from schools and clinics for advice and treatment on complaints of special significance at this age period.

(h) *Cleansing*

(a) *Cleansing of children with unclean heads.*—It will be noted that the report of the work of the Health Visitors refers to the cleansing inspections which are undertaken each term in schools. Continual infestation of certain pupils is common in a number of families and it is also noted that certain schools show a considerably higher incidence than others. Every effort is made to ensure that children whose heads are unclean are cleansed at home by the parents. A small proportion for various reasons remain unclean in spite of advice given to parents and such children are sent for cleansing at the Treatment Centre. If this opportunity is not taken by the parents the Authority may proceed against them in the Court under the provisions of the Education Act of 1944. During the year 172 children attended the school clinic or centre for such cleansing, but it was not necessary to seek any further powers to secure the cleansing of any child.

(b) *Treatment of Scabies.*—Whilst scabies is no longer a problem of the same dimensions as was encountered during the war years, measures are necessary to secure effective treatment of the smaller number of persons who become infected. The Department's Treatment Centre, which is staffed as required by clinic helpers, is available for the treatment of adults and children. A summary of the work of the centre during the year is as follows :—

Number of cases treated :—

Schoolchildren	..	..	70
Children under school age	..	..	13
Adults	..	..	27
			—
TOTAL	..	..	110
			—

Attendances for treatment :—

Schoolchildren	..	..	210
Children under school age	..	..	39
Adults	..	..	81
			—
TOTAL	..	..	330
			—

(c) *Miscellaneous.*—102 other persons (including 56 schoolchildren) attended for baths for various reasons.

VI—SCHOOL DENTAL SERVICE

Report for the year 1958 of

Mr. H. V. NEWCOMBE, L.D.S., R.C.S., Principal School Dental Officer

Dental Staff.—Whilst the authorised establishment of nine full-time dental officers remains unchanged from last year, the strength was slightly improved by the appointment at the commencement of the current year of one part-time, temporary officer. The staff position at the end of 1957 and 1958 respectively is shown in the following table :—

	<i>As at</i> 31st December, 1958	<i>As at</i> 31st December, 1957
Full-time permanent officers ..	4	4
Full-time temporary officers ..	2	2
Half-time temporary officers ..	2	2
Part-time temporary officers ..	2	1
Actual strength in terms of full-time officers ..	7.7/11ths	7.6/11ths

One dental/clerk attendant on becoming redundant was transferred to the School Medical Office.

Our Consultant Orthodontist continues to serve us ably, devoting two sessions per week in this capacity.

In comparing results with those of the previous year the effect of an equivalent loss of 6 months work performed last year by my predecessor must be taken into account, as also the effect in the current year of time lost by dental officers arising mainly through sickness. This was particularly heavy in the case of the older members, one full-time officer, for instance, being absent from duty for a matter of four months, and another for one and a half months. The position was to some extent improved by the part-time appointment mentioned above, the officer in question commencing his duties on the basis of five sessions per week. Unfortunately these were reduced by him by the end of the first quarter to the present level of one session per week. In the light of these events output of work represented by the aggregate of the various items of treatment performed by dental officers showed a slight fall only of 0.4 per cent.

Conservative treatment.—The number of permanent teeth filled increased by 6.2 per cent while that of temporary ones fell by 7.4 per cent, an over-all total increase of 5.3 per cent. The ratio of permanent teeth filled to temporary teeth filled increased by 14.6 per cent.

Extractions.—The over-all total of teeth extracted decreased by 6.2 per cent but a “breakdown” of the relevant figures indicates slight percentage increases in the number extracted for orthodontic purposes, these being 1.2 and 2.5 respectively in the case of permanent and deciduous teeth.

The aggregate number of teeth filled to that of teeth extracted shows a slight improvement and the position in this respect in each of the past four years is tabled below :—

RATIO OF NUMBER OF TEETH FILLED TO NUMBER OF TEETH EXTRACTED

1958	1957	1956	1955
1 : 1.30	1 : 1.46	1 : 1.61	1 : 1.87

The continuation of this trend depends on an improvement or at least the maintenance of the present level in the number of dental officers on the staff. Any substantial fall in this respect would almost inevitably bring in more cases as “specials” which in effect would mean an increase in the extraction rate.

Orthodontics.—In this section the volume of work was at a slightly lower level than last year, the total number of regulation appliances fitted being down by 3.1 per cent and the number of attendances by 4.0 per cent. Nevertheless, it is still very much higher than that obtaining in 1955. Whilst the demand continues the reason for it is not hard to find. The dental officer on the one hand regards orthodontic treatment primarily as a health promoting measure, the parent on the other hand—conscious of the social advantage of her child possessing “an even set of teeth”—tends to regard it more from the cosmetic or aesthetic angle. Weighted against the background of a continued shortage of dental officers it is more than ever necessary to maintain a proper balance between orthodontics and the more fundamental forms of dental treatment such as fillings and extractions. In circular 288 issued to Local Education Authorities on the 12th July, 1955, the Ministry emphasized that “orthodontic work should not be undertaken at the expense of adequate facilities for ordinary conservative treatment.”

“Fifty Years of School Dentistry”

In the last report of the Chief Medical Officer of the Ministry of Education an interesting and comprehensive review is made of the school dental service since its inception in 1907. This report shows, amongst other things, that the main problem confronting the service down the years has been that which it is to-day, namely, the high degree of dental disease in school children, and the inadequacy in the number of school dental officers to cope with it. The then Chief Medical Officer of the Board of Education referring (in his first report for the year 1908) to the very first school dental clinic established in England (at Cambridge) stated, “the Board have reviewed this experimental dental clinic with great interest, not only on account of its own merits, but as an attempt to meet what is admitted on all hands to be a pressing need, namely, the appropriate treatment of a widespread evil of decayed teeth in school children. The importance and gravity of the question cannot be doubted.” In the second decade between the first and second World Wars it appears that local education authorities had no difficulty in obtaining the services of dentists, either full or half-time, but there is no doubt that the number so employed would be considered, by present day standards, to be woefully inadequate.

Dental Man-Power.—The present staffing problem remains precarious; response to advertisements in the local press and dental journals for either full or part-time dental officers has been negative. There are grounds, however—I am pleased to report—for hoping that we may be successful in September, 1959, in obtaining the services of at least one full-time officer.

In the “Health of the School Child for 1956-57,” (Chapter VI), the problem of the shortage of dentists in the School Health Service is dealt with and the comment made that “although it would be unwise to attempt a definite forecast of what the future holds, it is at least possible that the reduction in the number of full-time officers marks the beginning of the lean years in respect of the availability of dentists which have long been foreseen and of which warning was given by the Inter-Departmental Committee on Dentistry (the Teviot Committee) in 1946 and again with more immediate and pressing urgency in the Report of the Committee on Recruitment (the McNair Committee) in October, 1951.” The latter Committee also states “It is not only a shortage of dentists now, but a shortage which will certainly be with us and may well get worse for at least eight years.”

A certain proportion of dental students—unfortunately much reduced since the advent of the National Health Service—tend, on qualifying, to begin their professional careers serving with local authorities. The volume intake of students into the various dental schools and universities is therefore of paramount importance. The present indications are that the dental schools and universities generally are finding great difficulty—mainly through lack of accommodation—in coping with the number of potential students wishing to take up dentistry as a career.

In the British Dental Journal (2nd January, 1958) reference is made to the situation at Birmingham Dental Hospital where “the hospital was . . . over-full for the training

of dental students. It was built to accomodate only 18 students but in 1957 it took in 45. Forty places had been allocated for new students in 1958 but already 140 applications had been received for those places and applications were still coming in at a rate of 6 or 7 a day." Replying to questions in Parliament on 10th March, the Minister of Health stated that plans were under discussion to increase the total number of places for dental students at universities in the light of the report of the McNair Committee. Again on 17th March he stated that plans to expand facilities for training dentists were under consideration with the Treasury and University Grants Committee. The other main recommendations of the McNair Committee were under discussion with the dental interests concerned.

Dental Health Education.—The General Dental Council's latest publication on "Dental Health Education" reviews the work they and the former Dental Board of the United Kingdom have been doing in the field of dental health education from 1924-1957.

Mr. E. Samson, the Chairman of the Dental Health Committee, points out in his introduction that it is a major aim of the Council to investigate and assess the value of its dental propaganda methods. (See my remarks on the "Health Visitor and Dental Education" in my M. & C. W. Report 1958).

New Clinics.—Once again it is with great pleasure that I record the progress that is being made in the construction of new clinics and the modernization of some of the older ones.

A new clinic is in course of construction at Llanishen to serve the new housing estate there, and is expected to be completed in the early summer of 1959. It will be approximately of the same size as that at Fairwater.

The clinic at Llanrumney was completed in December and is mentioned more fully in my M. & C. W. Report.

Improvements to existing clinics are as follows :—

At Gabalfa and Ely 1—Sterling Junior Dental Units were fitted complete with modern shadowless operating lamps. Rumney and Splott clinics received new Walton 4 General Anaesthetic Machines and in the latter clinic there was also installed the latest Sterling Sapphire Dental Chair with child's seat. At Wessex Street clinic one window in the surgery was enlarged, thereby improving considerably working conditions at the chairside and contributing materially to the general natural lighting of the room.

All the improvements are without doubt a great asset to the Department. They are much welcomed and appreciated by the dental officers for the better working conditions they provide and as an aid to greater efficiency.

The full statistical table of the school dental work carried out during 1958 is as follows :

(1) Number of Children inspected by the Dentists :—

(a) Periodic Age-groups	14,224
(b) Specials	6,347

TOTAL	20,571
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(2) Requiring Treatment	14,880
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(3) Offered treatment	11,179
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(4) Actually treated	9,194
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(5) Attendances made by children for treatment	21,446
--	----	----	--------

(6) Half-days devoted to :—

Inspection	82
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Treatment	2,764
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TOTAL	2,846
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(7) Fillings :					
Permanent Teeth	12,177	
Temporary Teeth	669	
TOTAL	————	12,846
(8) Teeth Filled :					
Permanent Teeth	..	..	..	11,305	
Temporary Teeth	..	..	..	669	
TOTAL	..	..	..	————	11,974
(9) Extractions :					
Permanent Teeth	..	..	..	3,957	
Temporary Teeth	..	..	..	10,652	
For Regulation purposes (permanent)			..	407	
For Regulation purposes (temporary)			..	609	
TOTAL	..	..	..	————	15,625
(10) Administrations of general anaesthetics for extractions	..				7,414
(11) Other operations—Permanent Teeth :—					
(a) Scalings	..	..		637	
(b) Cleanings	..	..		885	
(c) Dressings	..	..		910	
(d) Root Fillings	..	..		8	
(e) X-rays	..	..		114	
(f) Crowns	..	..		16	
(g) Gum Treatments		..		504	
TOTAL	..	..	..	————	3,074
Temporary Teeth	...	..			338
(12) Number of pupils supplied with artificial dentures	..				153
(13) Orthodontics :—					
			<i>By Consultant Orthodontist</i>	<i>By Dental Officers</i>	
(a) Cases commenced during the year	..		51	156	
(b) Cases carried forward from previous year			72	55	
(c) Cases completed during the year	..		17	74	
(d) Cases discontinued during the year	..		8	26	
(e) Pupils treated with appliances	..		123	211	
(f) Removable appliances fitted	..	..	133	184	
(g) Fixed appliances fitted	..	..	—	3	
(h) Total attendances	..	..	539	1,791	
(i) Referred back to Dental Officer with advice			1	—	
(j) Referred for X-ray	..	..	62	—	
(k) Under observation only	..	..	104	—	
(l) Partly treated and referred back to Dental Officer	..	..	—	—
(m) Awaiting Inspection	..	..	76	—	

VII—HANDICAPPED PUPILS

The numbers of handicapped pupils known to the department at 31st December, 1958 are shown in the following table.

BLIND CHILDREN

At Residential Special Schools	..	3	
At Independent School	..	1	
		<hr/>	
TOTAL	..		4

PARTIALLY SIGHTED CHILDREN

At Special Classes for the Partially Sighted		10	
At Residential Schools	..	3	
		<hr/>	
TOTAL	..		13

DEAF CHILDREN

At Residential Schools	..	14	
At Independent Schools	..	3	
		<hr/>	
TOTAL	..		17

PARTIALLY DEAF CHILDREN

At Residential Schools	..	2	
At Independent School (Residential)	..	1	
At Maintained Schools (day)	..	38	
At no School	..	1	
		<hr/>	
TOTAL	..		42

CHILDREN SUFFERING FROM EPILEPSY

At Maintained Schools	..	—	
At Residential Schools	..	—	
At no School	..	—	
		<hr/>	
TOTAL	..		—

CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS

At Special Schools	..	19	
At Maintained Schools	..	99	
At other Institutions		—	
At no School or Institution	..	12	
		<hr/>	
TOTAL	..		130

CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

At Special Schools	..	—	
At Maintained Schools	..	40	
At other Institutions	..	—	
At no School or Institution	..	2	
		<hr/>	
TOTAL	..		42

DELICATE CHILDREN (Children who by reason of impaired physical condition cannot without risk to their health be educated under the normal regime of an ordinary school)

At Special Day Schools	..	77
At Special Residential Schools, etc.	..	1
At no School	..	6*

TOTAL	..	84
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* All these 6 children receive home tuition

PHYSICALLY HANDICAPPED CHILDREN

At Residential Special Schools	..	7
At Special Day Schools	..	11
At no School	..	4*
At Independent Schools	..	3

TOTAL	..	25
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* All receive home tuition

EDUCATIONALLY SUB-NORMAL CHILDREN

At Special Day Schools	..	228
At Special Residential Schools	..	1
At Maintained Schools	..	245
At no School or Institution	..	2*

TOTAL	..	476
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* Both these children are receiving home tuition

MALADJUSTED CHILDREN

At Independent Schools	..	2
At Maintained Schools—in Residential Hostels	..	7
At Maintained Schools awaiting admission to Hostels or Special Schools	..	1

TOTAL	..	10
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During the year 185 children, who had been reported as being handicapped pupils were specially medically examined, with the following results:—

Educationally sub-normal and suitable for education in a special school (day)	..	46
Educationally sub-normal and suitable for education in a residential special school	..	—
Educationally sub-normal—to have special educational treatment in an ordinary school	..	33*
Children for whom a decision regarding their capabilities has been deferred	..	16
Educationally sub-normal but do not require supervision after leaving school	..	2
Pupils of Gabalfa Special School for educationally sub-normal children :		
(a) Granted permission to leave before attaining the age of 16 years	..	3
(b) Recommended to return to ordinary school	..	—
(c) Recommended to remain at Gabalfa Special School until the age of 16 years	..	—

* 14 of these children were examined and recommended for special educational treatment in ordinary school by Educational Psychologist. Special Medical Examination was not considered necessary in these cases.

Pupils at Llanishen Court Special School for educationally sub-normal children recommended to return to ordinary school	1	
Children transferred to the care of the Local Health Authority ..	37	
Children transferred from care of Local Health Authority for special educational treatment at Special School	1	
Children transferred from care of Local Health Authority and recommended for teaching in own home	—	
Blind—for admission to a residential special school	—	
Partially sighted—for special school or class	—	
Deaf—for admission to a residential special school	1	
Partially Deaf—for admission to a residential school	—	
Physically handicapped—for admission to a special day school ..	1	:
Physically handicapped—recommended for Course of Training ..	1	
Maladjusted—for admission to a residential Hostel or Special School ..	4	
Epileptic—for admission to a residential special school	—	
Recommended for Home Teaching	1	

Thirty-eight children were notified to the Local Authority during 1958 in accordance with Section 57 of the Education Act, 1944, one appeal being received.

Greenhill Open-air School.—In addition to the above examinations, 41 children were found to be delicate pupils and recommended for admission to the Greenhill Open-air School. The average number of delicate children on the register during the year was 106, and the average attendance during the year was 87. Twenty-eight children (14 boys and 14 girls) were admitted to the school, and 28 (12 boys and 16 girls) were discharged.

Cerebral Palsy Unit

There were several staff changes during the year. Mrs. M. G. Jones resigned in April, and was succeeded by Mrs. Barbara M. Owen, who in turn was replaced in September by Mrs. E. L. Roberts. Physiotherapists administered a total of 3,463 treatments during the year, of which 1, 847 were treatments at the Cerebral Palsy Unit.

The number of children treated for various defects during the year was 183 : spastics 16, posture 20, asthma 20, foot exercises 8, plasters 20, and miscellaneous 99.

Spastics are treated daily at the Unit. Open Air School pupils receive twice weekly treatments for postural defects, three times weekly for asthma cases and once weekly for foot exercises. Other treatments are administered as required.

The following table shows the number of physiotherapy treatments administered during the year :—

Month	Cerebral Palsy Unit	GREENHILL OPEN AIR SCHOOL				
	Spastics	Posture	Asthma	Foot Ex.	Plasters	Misc.
January ..	174	81	70	23	8	18
February ..	176	85	62	20	5	17
March ..	216	103	62	25	4	14
April ..	10	9	—	7	—	1
May ..	152	65	44	17	—	5
June ..	121	51	39	12	—	13
July ..	167	41	53	18	—	15
August ..	75	—	—	—	—	—
September ..	212	71	62	18	—	7
October ..	242	94	82	31	—	7
November ..	151	63	63	20	2	2
December ..	151	39	55	12	1	—
TOTAL ..	1,847	702	592	203	20	99

Total treatments administered : 3,463

USE OF HEARING AIDS IN SCHOOL

by C.W. ANDERSON, M.B., CH.B., D.P.H., T.D.D.

Records indicated that 30 partially deaf school children had been issued with hearing aids, and a questionnaire was completed in 26 cases. Of the four remaining, one had left school, one was in hospital and the other two had not received their aids.

From information from various sources that children were not using the aids in school, a high rate of defaulters was expected. The results of the enquiry are therefore on the whole encouraging and do not indicate widespread misuse of the apparatus supplied.

Of the 26 children surveyed, 19 had the aid in school with them at the time of enquiry. Each child was wearing the aid and the teacher stated that the aid was usually worn at all suitable times in the class. In 22 cases the parents were co-operative in their relationship with the teachers in respect of the hearing aids and in 18 cases the teachers had no difficulty in persuading the children to use their aids continuously. In nineteen cases the teachers considered that the child was able to join in class work better when the aid was worn.

In seven cases the aids were not in use at the time of visit and were not regularly worn. Various reasons were given for this failure, e.g. "aid too big and heavy," "mother said not needed," "E.N.T. clinic reported not required," "forgot to bring it," "aid makes him lose his balance," "not any help," "teacher thinks is E.S.N. and aid no use," "apparatus makes noises." The majority of these cases occurred in children whose parents were generally unco-operative. The teachers' efforts to overcome the children's handicaps where the aids were not worn included seating the child in the front seat, encouragement generally, lip reading and frequent requests to parents for better co-operation. In three cases the teachers did not encourage the children to wear the aid either because they felt the child could join in the class much better without it (an M.D. child) or because they had been told that the aid was not needed either by parent or clinic.

School attendances of the partially deaf children showed 21 with good attendance, four bad and one fair.

The seven children with a bad record in the use of their aids had been without the aids at the time of the enquiry for periods varying from a few days to a year or more. These children will be the subject of special follow-up visits.

The survey indicates that 19 out of 26 partially deaf children attending ordinary and special schools use their aids regularly and continuously and that parents and children are generally co-operative. Teachers find the aids of considerable value in teaching the pupils concerned.

Speech Therapy

As the staff of Speech Therapists was depleted on the resignation of Miss Sheppard at the end of 1957, the provision of speech therapy for pupils at the Spastic Unit and at the Open-Air School had to be suspended for a time. Fortunately a former Speech Therapist was re-appointed and took over this work in May, 1958. With a complete staff, equivalent to five Speech Therapists, the allocation of work provided for 40 sessions at the district Clinics, 11 sessions at the various Special Schools, and 1 session at the Junior Occupation Centre at Preswylfa. The extension of the work on a limited scale to deal with children who have been reported to the Local Health Authority as ineducable and, consequently, in attendance at the Occupation Centres, is an innovation and will be reported on after further experience has been gained of this work.

Although a large number of pupils has been accepted for treatment by the several Speech Therapists, the waiting list of pupils referred for speech therapy does not diminish and care will be necessary in deciding the most profitable allocation of staff to the various types of cases.

The statistics relating to the work for the year show that the total number of children treated was 391. New cases admitted during the year were 261, and those discharged 254. In addition, 58 children were being kept under observation, and 141 were awaiting appointments at the end of the year. The Speech therapists made 241 visits to schools and to the homes of children during the year.

The clinical conditions treated and the results at the time of discharge are shown on the accompanying table :—

DISCHARGES, 1958

	Speech normal	Much improved	Temporary discharge	Left district	In hospital	Unlikely to benefit	Left School	Failed to attend	TOTAL
Stammer ..	10	29	19	—	—	—	8	20	86
Dyslalia	17	15	23	4	—	2	—	57	118
Dysphonia ..	—	—	—	—	—	—	—	—	—
Spastic	—	—	—	—	—	—	—	1	1
Nasal Sigmatisms	1	1	—	—	—	—	—	—	2
Lateral „	5	6	3	—	—	—	—	6	20
Interdental „	2	7	2	2	—	—	—	4	17
Cleft Palate ..	—	—	1	—	—	—	—	1	2
Rhotacism ..	—	—	1	—	—	—	—	1	2
Partial Deafness	—	—	2	—	—	—	—	—	2
Other Complaints	—	1	3	—	—	—	—	—	4
TOTALS ..	35	59	54	6	—	2	8	90	254

CHILD GUIDANCE CLINIC

REPORT FOR 1958 of

Mr. ROBERT ROBERTSON, M.A., B.Ed., Educational Psychologist-in-Charge

Staff

In February 1958, Miss Meredith had regrettably to resign on health grounds. Her replacement in September 1958, Mrs. Thomas, has shown herself to be extremely proficient both in the amount of home visiting and in the first rate quality of her social reports and her work with parents.

Work of the Clinic

The clinic functions as such on three half-days each week : on Tuesday and Thursday afternoons for seeing children and parents ; and on Friday mornings for weekly case conferences. In general two new cases are seen each Tuesday and Thursday afternoon ; in addition, four old cases are reviewed.

Forty-three staff conferences regarding patients, and 715 other conferences were held during the year, and there were 4 visitors to the clinic.

	Boys	Girls	Total
Number of new cases referred	80	55	135
Number of old cases brought forward from last year	68	33	101
Number of patients waiting to be dealt with at end of year	11	11	22

Sources of Referral of cases dealt with for the first time :

Parents or Guardians	12
Probation Officers	3
Social Agencies	4
Schools	42
School Health Service	58
Private Medical Practitioners	20
Other sources	14
Total ..	153

Reasons for Referral :

Behaviour disorders accounted for the largest number (157) ; next were the habit disorders (50) ; then nervous disorders (28) ; and educational difficulties (17). Two were referred for vocational guidance and one for special examination.

The commonest disorders in the children referred were :—unmanageable (52) ; stealing (31) ; truancy (25) ; fears (19) ; excretory (17) ; temper (15) ; sleep (11) and backwardness (11).

The ages of the children examined for the first time :

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Boys ..	—	—	5	3	7	10	14	10	12	8	8	7	4	6	1	1	96
Girls ..	1	—	—	1	1	4	2	8	8	4	5	5	6	3	6	3	57
Total ..	1	—	5	4	8	14	16	18	20	12	13	12	10	9	7	4	153

Treatment and disposal of discharged cases :

Adjusted	34
Partially adjusted	36
Advisory	18
Transferred to School Health Service ..	2
Transferred elsewhere	5
Left Cardiff	3
Failed to co-operate	53
Withdrawn	8
Deceased	1
Recommended for admission to Institutions	6
Admitted to Institutions	5
	—
	171
	—

Work of the sections :

	Exam.	Treatment	Parents	Others	School	Home
Psychologist ..	117	133	209	29	147	2
Psychiatrist ..	117	139	219	9	—	—
Psychiatric Social Worker	—	—	126	16	1	129

Additional Survey

The clinic secretary has continued to note certain features of case-histories :— intelligence level, housing, medical record, etc. Some comments on these appear in the following section :

Sex

Of the 117 children in this survey, 76 were boys and 41 were girls. Clearly boys outnumber girls in the work of the clinic, from which it appears that boys present more behaviour difficulties than girls in their upbringing and development.

Intelligence

I.Q. Group	Boys	Girls	Total
130-4 ..	1	1	2
125-9 ..	3	—	3
120-4 ..	2	4	6
115-9 ..	4	4	8
110-4 ..	3	5	8
105-9 ..	7	3	10
100-4 ..	2	2	4
95-9 ..	6	3	9
90-4 ..	12	6	18
85-9 ..	16	2	18
80-4 ..	7	2	9
75-9 ..	6	4	10
70-4 ..	3	2	5
65-9 ..	1	2	3
60-4 ..	1	1	2
55-9 ..	1	—	1
50-4 ..	1	—	1
Total ..	76	41	117
Average I.Q.	93.2	97.6	94.7

Medical Record

In last year's survey it was found that about a quarter of the cases related to children who had had more than the usual run of minor ailments. In this survey, however, the number of children who have been affected by serious illness is quite small: the cause of maladjustment in this group is not, therefore, to be found in their physical condition.

Place in Family

Only child	11 boys	6 girls																	17
Two children	(1) 23	(2) 8																	31
Three "	(1) 16	(2) 4	(3) 5																25
Four "	(1) 11	(2) 4	(3) 3	(4) 2															20
Five "	(1) 3	(2) 3	(3) 3	(4) 1	(5) 3														13
Six "	(1) 1	(2) —	(3) —	(4) 4	(5) —	(6) —													5
Seven "	(1) 2	(2) 3	(3) —	(4) —	(5) —	(6) —	(7) 1												6
																			117

As there are more boys in this sample, so are there more male only children. In families where there are two, three and four children, more first-borns are affected by maladjustment than those born subsequently. It may be that in these cases adequate preparation has not been made for the later arrivals who inevitably displace the firstborn as the immediate object of parental care and attention. Not all parents of course are unaware of the possibility of sibling jealousy developing: some indeed unwisely attempt to deal with it by giving special presents, thereby unnecessarily stressing the point. Relatives and neighbours sometimes play a part too, in emphasising the change of circumstances, as if a change of attitude were naturally to be expected and as naturally to be resented.

In families where there are five, six and seven children, there is possibly less likelihood of maladjustment. Not all these families are completed families, yet the figures do indicate that maladjustment occurs in smaller rather than in larger families. It may be that the interplay of emotions and attitudes is more keenly felt in a small group and that there is more anxiety and less security in parents and children alike.

Accommodation

Council house	..	..	..	52
Old house	..	..	..	28
Own house	..	..	..	15
Rooms (separate) 7				
„ (with relatives) 4				11
Council flat	..	..	..	1
Council prefab.	..	..	..	1
Ground floor flat	..	..	..	1
Flat	..	..	..	4
Flat over shop	..	..	..	1
Attic room	..	..	..	1
One room	..	..	..	1
Children's Homes	..	..	..	1
				117

Accommodation by itself does not appear generally to be a cause of serious difficulty, but in some cases it is an important factor. Living with relatives, lack of facilities, and squalid conditions, create complications, particularly where maladjustment is likely to occur anyway.

Broken Homes

More significant is the number of broken homes :

Father dead	..	..	..	6
Mother dead	..	..	..	3
Parents divorced	..	..	..	4
Parents separated, child living with mother	..			4
Parents separated, child living with grand-mother	..	..	..	1
Parents divorced, mother re-married			..	2
Mother dead, father re-married	..		..	1
Father deserted, mother re-married			..	1
Father deserted	..	..	..	1
				<hr/>
				23
				<hr/>

Parents

In a very considerable proportion (a quarter) of the cases, seriously disturbing factors existed. Apart from illegitimacy, fostering and adoption, one father was blind ; one mother had attempted suicide ; one father had been in prison for incest ; another had been in a mental hospital ; one mother was cohabiting with a lodger ; one child had attended Cardiff Royal Infirmary since birth and in two cases there was a history of epilepsy on both sides of the families.

Parental disharmony existed in 18 cases to such a degree as to constitute a serious contributory factor in maladjustment.

In 23 cases, a fifth of the total, both parents were working.

Father's occupations noted cover a very wide range from the skilled to the unskilled. Whilst in individual cases it is important and sometimes significant to know what job the father has (e.g. long distance lorry driver, seaman, shift-worker, etc.) no generalisation can be made in relation to maladjustment.

Many parents were found to have had nervous breakdowns—to have been in-patients or out-patients of mental hospitals, and a note was made of cases where fairly serious disturbance existed in parents :

Both parents neurotic	..	..	..	3
Mother neurotic	..	..	..	13
Father neurotic	..	..	..	2
Mother psychotic	..	..	..	2
Father psychotic	..	..	..	2
Mother registered a mental defective			..	1
				<hr/>
				23
				<hr/>

PSYCHIATRIC SECTION

Dr. GAYNOR LACEY, M.B., B.S., D.P.M., Psychiatrist

The most important aim of a Child Guidance Clinic is to bring about as much improvement as possible in the condition of the children who are brought to the clinic for consultation and advice, regarding their various difficulties. If at all possible, one wishes to help the child and its parents with the child remaining in its own home environment. However, in some cases it is fairly clear from the beginning that only removal of the child from home, for a short or long period, can help. In others, though every effort is made to improve the situation with the child remaining at home, it becomes obvious as time goes on that something more is needed and that the parents and children need a period of separation in which to have time to re-adjust themselves, so that the normal family life can be resumed later on. The decision to advise removal from home is a very important one which must be considered from every angle before it can be taken. Both the parents and the child involved should understand, as far as possible, why it is needed and what effect it is likely to have. It should never be considered as a form of a punishment, but rather as a fresh opportunity for the child to make for itself a secure and happy adjustment to its situation. The sort of school or home that would be best for the child must be carefully considered and every effort made to find just the right placement. This is a difficult job as reliable Schools and Hostels for maladjusted children are comparatively few in number and generally have long waiting lists. Sometimes it is quite impossible to place a child in the sort of school that would be ideal for it and then a second-best must be found. In the course of a year only a small number of the children seen in this clinic are recommended for removal from home.

PSYCHIATRIC SOCIAL WORK SECTION

Mrs. M. R. THOMAS, B.A.

Home conditions usually form a large part of the psychiatric social worker's concern. At least one home visit is paid in each case, when any queries about attendance at the clinic can be answered, and a "history" of the child obtained. Without such a visit, what one may learn from description and appearance does not unfailingly give a true picture.

All social workers would not agree with this. Some may contend that home-visiting is an unnecessary, even unwarranted, intrusion; that a service such as a Child Guidance Clinic should be available for the use of citizens, but only if the initiative comes strongly from the clients. Such a school of thought would also claim that one can learn as much in one or two interviews at the Clinic as by a Home Visit, and perhaps gain more, in that the parent does not feel that there has been any "prying" into the material standards of the home. Whilst this may be true in some cases (particularly where the adult is of a generally suspicious frame of mind, or where there has been frequent visiting by social-agencies mainly concerned with material conditions), it would seem on the whole that the advantages of a Home Visit outweigh any such drawbacks; for at home one sees the family in their own setting; far more relaxed than sitting, confronting an official desk. At home, it is the psychiatric social worker who is the visitor and some of the control of the interview is in the parents hands. Consequently, traits of personality are often more evident. Some people change quite markedly in their appearance and attitude at home and in the clinic. As in every interview situation, too, there is a two-way flow of thought so that as well as the clinic being able to achieve a clear picture of the child's home-setting, parents may also have begun to consider attitudes or new aspects of the case when they first attend the clinic.

In a permissive service such as Child Guidance, access must be gained with full permission and (if any benefit is to ensue), full co-operation of the parents. An important part of the social worker's duty is to convince the parents that the visit is for the ultimate welfare of the child and the family. A courteous preparatory letter when possible, respect for parent's wishes and views, and an attempt to meet these, make an initial interview at home an asset to further attendances at clinic.

Material home conditions play an important part in the child's development, and "the home" is often the reason given by parents as the presenting factor in a child's maladjustment. They may claim that they need a change of environment, for example, rehousing in a new council house, whereas in reality (as is widely known) some families take with them to their new house all the factors for the maladjustment of the child. Further examination at the clinic shows whether housing conditions play any major part in the child's disturbance, or whether the lack of adjustment lies elsewhere, maybe in personality.

VIII—NURSERY SCHOOL AND CLASSES

Severn Road Nursery School.—During the year the average number of children on the register of Severn Road Nursery School was 98, the average attendance being 77·5.

There are eight Nursery Schools and two Nursery Classes in the City, situated as follows :—

Nursery Schools :	1.	CANTON	Severn Road
	2.	GRANGETOWN ..	Ferry Road
	3.	SPLOTT	Moorland Road
	4.	ELY	Vachell Road
	5.	SPLOTT (Tremorfä)	Baden Powell School
	6.	ELY	Hywel Dda School
	7.	SOUTH (Docks) ..	West Close, Bute Street
	8.	RUMNEY	Rumney School
Nursery Classes :	1.	NINIAN PARK ..	Ninian Park School
	2.	ADAMSDOWN ..	Tredegarville C/W School

Accommodation is provided at the Nursery Schools for a total of 486 children aged 2—5 years. At the Nursery Classes 60 children aged 2—5 years can be accommodated.

Health Visitors pay a visit to each Nursery School and Class at least once in each week and very often at more frequent intervals as such visits become necessary. A Medical Officer visits the Nursery Schools and Classes at intervals of approximately one month for the purpose of medically inspecting new entrants and of reviewing the health of pupils.

The number of children medically inspected during 1958 as "Entrants" to the Nursery Schools and Nursery Classes was 379 (208 boys and 171 girls) and the defects found (excluding uncleanness, dental caries and defects of nutrition) were as follows :

Disease or Defect	Number of Defects	
	Treatment Required	Requiring to be kept under Observation only
SKIN :		
Ringworm Scalp	—	—
Ringworm Body	—	—
Scabies	—	—
Other Diseases	2	—
EYE :		
Defective Vision	4	1
Squint	—	6
External Eye Disease	—	—
Other Eye Disease	—	—
EAR :		
Defective Hearing	—	1
Otitis Media	—	—
Other Diseases	—	—
NOSE AND THROAT	8	51
DEFECTIVE SPEECH	—	6
ENLARGED CERVICAL GLANDS	—	11
HEART AND CIRCULATION	—	2
LUNGS	—	5
DEVELOPMENTAL :		
Hernia	—	—
Other	—	—
ORTHOPAEDIC :		
Posture	—	1
Flat Foot	—	5
Other	3	13
NERVOUS SYSTEM :		
Epilepsy	—	—
Other Conditions	—	—
PSYCHOLOGICAL		
Development	—	1
Stability	—	—
OTHER DEFECTS AND DISEASES	1	—
TOTAL ..	18	103

The number of children referred for medical treatment was 18.

The following is a classification of the physical condition of the children inspected :

	Number	Percentage
Satisfactory ..	357	94.2
Unsatisfactory ..	22	5.8

No children were found to be unclean.

Health Visitors visited the Nursery Schools and Classes on 596 occasions during the year and paid 550 visits to the homes of the pupils.

FREQUENCY OF TONSILLECTOMY IN CHILDREN

During 1958, at the request of the Minister of Education, School Medical Officers carrying out Periodic Inspections on pupils in schools recorded the frequency with which the operation for the removal of tonsils had been performed.

The figures for Cardiff school-children were returned by the Principal Medical Officer to the Minister of Education who has analysed the results and has kindly provided figures from other authorities from whom records were obtained.

The comparative figures for the Welsh County Boroughs and Counties are shown in the following table which also shows a summary of the figures for England and Wales :—

L.E.A.	Entrants (1952 Age group)		Intermediate (1947 Age group)		Leavers (1944 Age groups)	
	Number examined	% who had Ton- sillectomy	Number examined	% who had Ton- sillectomy	Number examined	% who had Ton- sillectomy
WALES						
Anglesey	891	1·7	816	8·4	832	14·1
Breconshire	156	2·6	310	9·0	189	27·5
Caernarvonshire	1,051	1·8	1,120	9·9	54	12·9
Cardiganshire	613	5·1	1,074	12·7	495	11·1
Carmarthenshire	2,139	2·9	2,764	12·3	804	15·5
Denbighshire	2,254	5·6	1,652	12·0	2,612	5·1
Flintshire	1,843	7·7	456	18·8	1,575	20·9
Glamorgan	10,621	4·7	7,939	17·6	7,609	20·6
Merionethshire	113	2·6	112	10·7	91	8·8
Monmouthshire	6,217	3·6	3,235	4·9	4,072	10·6
Montgomeryshire	679	35·0	539	0·4	1,092	0·2
Pembrokeshire	486	8·4	961	12·2	822	9·5
Radnorshire	239	3·8	317	8·8	231	8·7
Cardiff	1,044	8·0	4,084	15·7	2,063	16·2
Merthyr Tydfil	805	0·5	1,184	9·6	729	5·9
Newport (Mon.)	263	3·8	1,502	32·7	1,640	32·0
Swansea	1,808	1·9	1,397	4·8	2,749	1·3
TOTALS—ENGLAND						
Counties	232,482	4·2	243,734	17·6	206,413	20·4
County Boroughs	142,082	5·4	160,424	17·8	127,253	28·2
London	29,514	6·7	44,635	26·9	27,031	27·9
TOTAL—WALES	31,222	4·7	29,462	15·5	28,659	19·5
TOTALS—ENGLAND AND WALES						
	435,300	4·8	478,255	18·6	389,356	23·2

IX—PREVENTION OF TUBERCULOSIS

Dr. A. H. GRIFFITH, M.B., B.S., D.P.H., Senior Medical Officer

The School Health Department greatly increased its antituberculosis activities in the schools during 1958. Previously its work had been confined to ascertaining by means of skin tests which 13 year old school children should receive B.C.G. vaccination against tuberculosis, administering the vaccine, and investigating whether or not transmission of infection had occurred in schools where a case of pulmonary tuberculosis of the adult type had been found. In 1958, however, a new antituberculosis measure was introduced, namely serial tuberculin testing.

Serial tuberculin testing has been described in some detail in the section of the Annual Report dealing with tuberculosis. It involves, under this Cardiff plan, the offer of tuberculin tests to every Cardiff child every year from the age of one until he leaves school. The tuberculin test is a simple painless skin test which will indicate whether or not a child has been infected by tubercle bacilli. By keeping individual records of every child's tuberculin reaction valuable information in the campaign against tuberculosis is collected.

Children over the age of five were tuberculin tested in schools after written parental consent had been previously obtained in respect of every child tested.

The parents or guardians of school children found to have above average reaction to the tuberculin test (Heaf Test, degrees of reaction 3 and 4) were visited and they and the children were advised to visit the Chest Clinic for the purpose of receiving X-ray examination. A few of the so called hyperallergic children were found to have active tuberculosis and therefore needed antituberculosis treatment. Others, although showing no evidence of tuberculous disease at the time, were considered to be particularly vulnerable to active disease at some time in the future and therefore consideration was being given to whether or not they should have prophylactic antituberculosis drug treatment. This treatment would not interfere in any way with their activities at home or at school but was likely to reduce their susceptibility to active tuberculous disease. No child did receive prophylactic treatment but this may be frequently undertaken in the future. They certainly will be retested every year in the same way as the other children and will be X-rayed while they continue to be hyperallergic. Children not reacting to tuberculin or eliciting only a mild degree of sensitivity (Heaf Test degrees 1 and 2) were not X-rayed and the homes were not visited. Thirteen-year-old tuberculin negative children were given B.C.G. vaccine after parental consent had been obtained. The results of the tuberculin tests were collected and analysed for every class in every school. The purpose of doing this was to detect any class where there existed a high tuberculin positive rate, that is an abnormal number showing evidence of having been infected. Such a state of affairs would be highly suggestive that a source of infection existed in that class and, of course, every effort would then have to be made to detect it. Low tuberculin positive rates were, in themselves, an indication of the absence of sources of infection in those classes.

When, as occasionally occurred, a teacher was notified as suffering from pulmonary tuberculosis, perusal of the school tuberculin rates would indicate which of his pupils were tuberculin sensitive at the time of the last school survey. If this number were excessive it was probable that the teacher had been disseminating tubercle bacilli, but if it were low it was unlikely that he had been infectious up to the time of the school survey. The school was then revisited six weeks after the last day the teacher had attended the school and all the children in his or her class retested. The number of children found to have converted from tuberculin negative to a tuberculin positive state during the period between the tests served as a reliable indication of the infectivity of the teacher. If no child had

converted no further action was necessary, but on the other hand, if there were any converters they needed radiological investigation and possibly treatment. It was possible by this means to conclude that no child had been infected by any of the three teachers notified in Cardiff during 1958.

The tuberculosis section of the Annual Report refers in greater detail to this work and the findings obtained in connection with the serial tuberculin scheme. The B.C.G. programme involving 13-year-old children in school proceeded as in previous years. A summary of the work done is given in the following tables.

TABLE I. SHOWING THE NUMBER OF THIRTEEN YEAR OLD CHILDREN OFFERED AND GIVEN B.C.G. IN CARDIFF SCHOOLS DURING 1953 TO 1958

	YEARS					
	1953	1954	1955	1956	1957	1958
Number of children offered B.C.G.	403	5,100	4,409	2,910	3,490	2,378
Number of refusals	39	953	966	663	619	432
Acceptance Rate	91%	81%	78%	77%	82%	82%
Number of children tuberculin tested	364	4,147	3,443	2,247	2,881	1,946
Number of positive reactors	109	1,131	990	490	471	384
Number given B.C.G. vaccine	186	2,876	2,453	1,757	2,410	1,562

TABLE II. SHOWING THE PROPORTION OF TUBERCULIN POSITIVE REACTORS AMONG 13-YEAR-OLD CARDIFF SCHOOLCHILDREN DURING 1954-58

Year	Number of 13-year-old school children		Per cent of 13-year-old children Tuberculin Positive
	Tuberculin Tested	Found to be Tuberculin Positive	
1954 ..	1,173	282	24.0
1955 ..	1,885	352	18.7
1956 ..	1,919	360	18.8
1957 ..	2,504	426	17.0
1958 ..	1,872	367	19.5

TABLE III. SHOWING THE RESULTS OF POST B.C.G. TUBERCULIN TESTS CARRIED OUT DURING 1954-57

Year B.C.G. given	Number Tuberculin Tested during 1957	Number Tuberculin Positive	% Tuberculin Positive	Number Tuberculin Negative	Number re-vaccinated
1954	223	223	100	—	—
1955	643	639	97.8	4	—
1956	1,233	1,196	97.0	37	4
1957	1,574	1,533	97.0	41	25

X—MISCELLANY

INFECTIOUS DISEASES

The number of schoolchildren ascertained to be suffering from infectious diseases during the year were as follows :—

Scarlet Fever	..	..	..	..	222
Whooping Cough	..	..	..	..	31
Diphtheria	..	..	..	..	—
Measles	..	..	..	..	410
Acute Pneumonia	.	..	..	..	49
Meningococcal Infection	..	..	..	..	3
Paralytic Poliomyelitis	..	..	..	..	—
Non-Paralytic Poliomyelitis		..	..	..	—
Acute Encephalitis— Infection			..	..	—
Dysentery	..	..	..	..	228
Para-Typhoid Fever	..	..	..	..	—
Enteric or Typhoid Fever	..	..	..	..	—
Tuberculosis—Respiratory		..	..	..	18
Other Forms		..	..	..	4
Erysipelas	..	..	..	..	1
Food Poisoning	..	..	..	..	7

In addition the following children were notified by Head Teachers as absent from school due to the diseases stated :—

Rubella	..	..	..	..	31
Mumps	..	..	..	..	1,296
Jaundice	..	..	..	..	21

PROVISION OF MEALS

Kitchens are in operation at Central and Ely and the following Schools :—**Gabalfa** Special School, Greenhill Open-air School, Greenway Primary School, Ton-yr-ywen School, Heol Trelai School, Windsor Clive School, Cathays High School, Canton High School, Cardiff High School for Girls, Glantaf School, Gabalfa Primary School, Moorland Primary School, Fairwater Primary School, Lady Margaret High School, Cefn Onn School, Peter Lea School, Brynhafof School, Penybryn School, Heol Hir School, Lady Mary R.C. High School, Gabalfa Infants, Llanrumney Secondary and eight Nursery Schools. The Court, Llanishen, Howardian Grammar School, Glan-yr-Afon School.

Canteens.—Facilities are available at 74 School Canteens for providing mid-day meals for 5,054 children daily.

The number of children attending primary, high, special and nursery schools provided with dinners and/or milk during the first and last complete weeks of 1958 were as follows :—

	<i>First complete week, 1958</i>	<i>Last complete week, 1958</i>
Average number of necessitous children provided with dinner daily free	1,194	1,602
Average number of children provided with milk daily free	34,371	34,706
Average number of children provided with dinner daily on payment	8,046	8,852

MEDICAL EXAMINATIONS OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The School Medical Officer is an examining medical officer for the Education Committee in respect of the entry of teachers into the superannuation scheme. During the year 92 teachers were examined for this purpose.

From 1st April, 1952, the Minister of Education instituted new arrangements for medical examinations for entrants to the teaching profession and for candidates applying for entry to training colleges, university departments of education and approved art schools. (Circular 249, 28th March, 1952.)

The School Medical Officer has the duty of examining candidates applying for admission to training colleges and entrants to the teaching profession except those intending to enter the teaching profession on completion of an approved course of training, in which case they are examined as at present by the College Medical Officer. The School Medical Officer has to fulfil this last obligation in respect of students completing courses at the Cardiff College of Art as he acts as the College Medical Officer.

As a result of these requirements, 100 candidates and entrants were medically examined.

The Minister also directed that X-ray examinations shall be an essential part of the medical examination on entry to the teaching profession as from 1st April, 1953. (Circular 248, 28th March, 1952.)

ACCIDENTS TO PUPILS

Head Teachers are requested to provide details of all accidents occurring to pupils on school premises or arising out of school activities.

During 1958, 191 such reports were made relating to 127 boys and 59 girls and, in addition, to 4 male students and 1 female student of the Technical College and the College of Art.

APPENDIX A

DESCRIPTION OF REGULAR CLINICS

	Minor Ailments	Cleansing Station	Ophthalmic	Orthoptic	E.N.T.	Juvenile Rheumatism	School Dental Service	Speech Therapy	Enuresis Clinic
(a) School Clinics also used for General Health Purposes :—									
Central Clinic, 30 Richmond Road ..	Yes	—	Yes	Yes	Yes	—	Yes	Yes	Yes
Gabalfa Clinic, 213 North Road ..	Yes	—	Yes	—	Yes	—	Yes	Yes	—
College Farm Clinic, Llanidloes Road ..	Yes	—	Yes	—	Yes	—	Yes	—	—
Splott Clinic, 139 Splott Road ..	Yes	—	Yes	—	Yes	—	Yes	Yes	—
Grangetown Clinic, Cambridge Street ..	Yes	—	Yes	—	Yes	Yes	Yes	Yes	—
Canton Clinic, Wessex Street ..	Yes	—	Yes	Yes	Yes	—	Yes	Yes	—
Fairwater Clinic, Plasmawr Road ..	Yes	—	Yes	—	Yes	—	Yes	Yes	—
Ely Clinic, Redhouse Crescent ..	Yes	Yes	Yes	—	Yes	Yes	Yes	Yes	—
(b) Temporary School Clinic :—									
Medical Inspection Room, Greenway County Junior School ..	—	—	—	—	—	—	Yes	—	—
(c) Public Health Clinics available for school-children :—									
Cleansing Station, St. David's Hospital ..	Yes	—	—	—	—	—	—	Yes	—
Llanrumney Clinic, Llanrumney Avenue ..	Yes	—	Yes	—	Yes	—	Yes	Yes	—

N.B.—Speech Therapy Sessions are also held at Llanishen Court and Gabalfa Special Schools, the Greenhill Open-Air School, Rhiwbina, Heol Hir County Secondary School and Rummey Infants School.

APPENDIX B**New Clinics**

The temporary arrangements to cover the urgent needs of the Rumney and Llanrumney areas of the city were discontinued in December, 1958. These areas are in the Roath ward and were transferred from Monmouthshire in 1939. They have been the scene of extensive building, both of private and council houses, so that there is today a population of over 20,000 in these districts.

The new clinic was completed and went into operation during December. It is a light, airy, modern building, a fuller description of which will be found in the Maternity and Child Welfare Section of this Report. It is hoped that it will be opened by the Lord Mayor at an official opening ceremony during 1959.

Another area of the city which has been the scene of rapid development is Llanishen, where a large council house estate is being completed. Another new clinic, slightly smaller than the one at Llanrumney, will be opened here during the course of 1959.

APPENDIX C

**Children examined at periodic medical inspections in 1958
who were found to have had tonsillectomy performed**

Age Group	Number examined	Tonsillectomy received	Percentage
1954 and later ..	379	6	1.6
1953 ..	118	4	3.4
1952 ..	1,044	84	8.0
1951 ..	313	39	12.5
1950 ..	18	3	16.6
1949 ..	27	—	—
1948 ..	30	1	3.3
1947 ..	4,084	630	15.7
1946 ..	125	9	7.2
1945 ..	33	—	—
1944 ..	2,063	335	16.2
1943 and earlier ..	985	194	19.6
TOTAL ..	9,219	1,305	14.2

